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HONG KONG

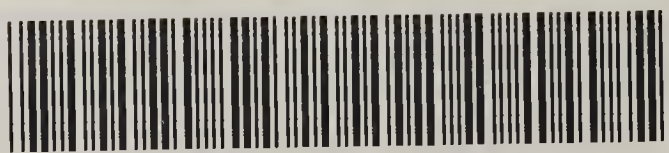
ANNUAL DEPARTMENTAL REPORTS 1954-55

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HONG KONG
ANNUAL DEPARTMENTAL REPORT
BY THE
DIRECTOR OF MEDICAL
AND HEALTH SERVICES
FOR THE
FINANCIAL YEAR 1954 - 55

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I. GENERAL

Introduction.

1. The year has been one of strenuous effort against increasing difficulties and it is gratifying to be able to report no deterioration in the general level of public health but rather a definite, if moderate, improvement.

2. The demands on the services provided by the Department have steadily increased and all sub-departments, hospitals and clinics worked not only to full capacity but beyond what might have reasonably been considered full capacity. The volume of work done by all services and centres therefore shows a considerable increase over previous years. Normally during the cooler weather attendances at out-patient clinics tend to fall off, but this year during the cool season all out-patient clinics worked at what used to be considered peak hot season pressure and no sign of any slackening in attendance was apparent.

3. The year was marked by a phenomenally dry summer resulting in an acute water shortage which was reflected in the incidence of the "dirt" diseases, the diarrhoeas, enteric fevers and dysenteries. In spite of this the incidence of these diseases did not exceed or even reach the peak incidence of the previous year, which was also a dry hot year, when at one time the number of cases of enteric fever admitted daily threatened to swamp the hospital facilities completely. That this crisis has been avoided once more and the position slightly improved cannot be entirely disassociated from the vigorous propaganda and vaccination campaign carried out by the Department.

4. There were several major fires in squatter areas which necessitated the continued provision of emergency medical and sanitary measures during the year. The last of the emergency maternity hospitals however was closed in August, 1954, but one general out-patient clinic was still in operation at the end of the year.

Legislation.

5. No new legislation was enacted but work continued on the revision of the Medical Registration and the Quarantine and Prevention of Diseases Ordinances and with the framing of the Radio-active Substances Bill. Action was also taken to effect a revision of the Colony's Lunacy Laws.

II. ORGANIZATION AND ESTABLISHMENT

6. The Department is divided for administrative purposes into two major divisions *i.e.* the Health Division covering all services designed to promote health and prevent disease, and the Medical Division covering the curative and investigative services.

7. The Health Division is divided into sub-departments offering ten services grouped as follows:—

Epidemiology and Port Health under the Chief Port Health Officer,

Maternal & Child Health Services under a Medical Officer,

School Health Service also under a Medical Officer,

The Malaria Bureau under the Malariologist,

The Tuberculosis Service under the Tuberculosis Specialist,

The Social Hygiene Service under the Social Hygiene Specialist,

Rural Health and Urban Health Services under the Health Officers, and

Health Education shared by all sub-departments and supervised and co-ordinated by the Senior Health Officer.

8. Responsibility for the Urban Health Service is shared with the Urban Services Department administered by the Urban Council, the Vice-Chairman of which is the Assistant Director of Health Services. The services affecting public health for which the Urban Services Department is responsible are the control of the sale and preparation for sale of all foodstuffs, the administration and supervision of the markets and slaughter houses, and the pasteurization and retail sale of milk. This Department is also responsible for domestic cleanliness, abatement of nuisance, scavenging and conservancy, the disposal of

the dead and administration and control of grave yards and crematoria. In addition the Inspectors on the staff of the Urban Services Department assist the Health Officers in the investigation of infectious diseases and the enforcement of the Quarantine and Prevention of Diseases Ordinance.

9. The Medical Division includes the control of the various Government Hospitals and out-patient clinics situated throughout the Colony, the special and ancillary services, the mortuaries, and the pathological and chemical laboratories.

10. The official establishment staffing and operating the services briefly outlined above consists of:—

Doctors	244
Nurses	795
Professional and Professional Assistants	87
Technical and Technical Assistants	183
Other Staff	2,205

11. A detailed table setting out this establishment will be found at Appendix 1.

Expenditure.

12. The Medical Department's actual expenditure for the financial year ending 31st March, 1955, was \$25,105,400, but, to obtain a true figure of Government's expenditure on medical services, to this should be added a further \$6,300,572 paid to voluntary organizations in the Colony which provide hospital and public health services. These include the Anti-Tuberculosis Association \$350,000, Mission to Lepers, Hong Kong Auxiliary, \$850,000, and the Tung Wah Group of Hospitals which received the main subvention of \$4,879,380. Combined expenditure on account of the Medical Department and medical subventions was approximately 8% of the Colony's total actual expenditure which represents a charge of approximately \$11 per capita of population, accepting the official estimation of the population of the Colony at 2,277,000 persons.

Registered Medical and Dental Practitioners, etc.

13. Medical and dental practitioners together with pharmacists, nurses and midwives are required by Ordinance to be registered before practising their professions in the Colony. The Director of Medical and Health Services is the *ex-officio* chairman of the Boards constituted under the respective Ordinances.

14. The numbers of persons registered under these Ordinances are as follows:—

Registered Medical Practitioners	460
Registered Dentists	341
Registered Pharmacists	56
Registered Nurses	805
Registered Midwives	867

The above figures do not include Service or Government personnel.

III. VITAL STATISTICS

15. The registration of births and deaths is compulsory under the Births and Deaths Registration Ordinance, the Director of Medical and Health Services being the Registrar of Births and Deaths. A central General Registry is situated in the centre of Victoria and several branch offices are dispersed throughout the Colony for the convenience of the public. In outlying rural and island areas, the local Police Stations act as local Registries transmitting reports regularly to the Central Registry.

16. During the year 83,317 births were registered, the highest number on record. Deaths registered numbered 19,283. Deaths under 1 year of age recorded numbered 6,028 and the number of women who died as a direct result of complications of pregnancy or delivery was 105. The number of birth certificates issued was 82,490 as compared with 78,406 in 1953.

17. Provision is made in the Ordinance for the post registration of births. An investigation made by the Supervisor of Midwives has indicated that some 3% of births are not registered within the first year of life. The majority of these are probably registered later under the provision mentioned above, but the statistical implication of this is that the number of births registered is not an accurate index of the actual number of children born during the year. A study of the sex ratio at birth as registered supports this, there being a marked discrepancy between the ratio of males to females born in the urban areas as compared with the number of males to females born in the rural areas where it would appear that an astonishingly high percentage of male children are born. The ratio in the urban areas bears a somewhat closer relationship to the male to female ratios at birth found elsewhere in the world, but it would still seem to indicate that Chinese mothers tend to give birth to male children rather more frequently than do mothers of other races, an observation subject to considerable doubt and more liable to some other explanation.

18. Another problem making it virtually impossible to produce reliable statistics for the Colony, is the fact that it has not been found possible to make a census of the population. Only a rough estimation of the total number is possible and this is accepted as 2,277,000. This figure probably errs heavily on the conservative side. Nothing is accurately known as regards the age, sex, or racial distribution of the population but the population is predominantly Chinese, and there would appear to be an unusual excess of young male adults judging by an analysis of the morbidity and mortality figures.

19. Accepting the figures reported at birth, a crude birth rate of 36.6 per thousand of population and a crude death rate of 8.5 per thousand of population is given; both somewhat higher than in 1953.

20. The infant mortality rate can be calculated with somewhat greater accuracy. In spite of the greater number of deaths registered during the year of children under 1 year of age, which

is due to the larger number of births registered, the infant mortality rate has dropped from 73.6 per thousand live births in 1953 to 72.4 per thousand live births in 1954.

21. The neo-natal mortality, or the number of children dying in the first four weeks of life was 2,050 as compared with 1,948 in 1953 but, because of the increased number of births registered, the neo-natal mortality rate dropped from 25.8 per thousand live births in 1953 to 24.6 per thousand live births in 1954.

22. The following table sets out the figures in detail:—

TABLE 1

Age Period	1952	1953	1954
0-1 day	282	278	199
1-7 days	735	795	803
1-4 weeks	873	875	1,048
4 weeks-3 months	1,001	1,115	1,179
3-6 months	874	823	1,112
6-9 months	935	879	991
9-12 months	846	795	696
Total under 1 year	5,546	5,560	6,028
Infant Mortality rate	77.1	73.6	72.4
No. of deaths under 4 weeks	1,890	1,948	2,050
Neo-natal Mortality rate	26.3	25.8	24.6

23. It will be noted that the highest wastage of young life always occurs between the fourth and twelfth weeks of life and that there is an unusually heavy loss of life during the later months of infancy, contrary to experience elsewhere. It is gratifying to note that the rate of infant mortality has steadily fallen during the past years. 20 years ago the rate was around 300 per thousand live births.

24. It is an interesting feature of mortality in Hong Kong that the number of infant deaths is always approximately one third of the total deaths from all causes. In 1954 the deaths of infants under 1 year of age constituted 31.3% of the total deaths from all causes, being slightly higher than in 1953 when it was 30.4%.

25. There has been a slight rise in the maternal mortality rate from 0.97 per thousand live and still births in 1953 to 1.24 per thousand live and still births in 1954. The following table sets out the figures for 1953 and 1954 in detail:—

TABLE 2

Year	Live Births	Still Births	Total Live and Still Births	Pregnancy and Child bearing		Abortion		Maternal Mortality Rate	
				No. of Deaths	Rate per 1,000 Births	No. of Deaths	Rate per 1,000 Births	No. of Deaths	Rate per 1,000 Births
1953	75,544	1,158	76,702	74	0.96	1	0.01	75	0.97
1954	83,317	1,341	84,658	102	1.20	3	0.04	105	1.24

26. Deaths from toxæmias of pregnancy numbered 38, giving a death rate of 0.4 per thousand of all deliveries, a slight but insignificant increase on 1953. The following table shows deaths from toxæmias of pregnancy during the years 1953 and 1954.

TABLE 3

Year	Deaths from Toxaemias of Pregnancy	Total Births (including Still-births)	Death rate per thousand
1953	25	76,702	0.3
1954	38	84,658	0.4

27. Details of the principal causes of mortality are given in the following table. Most of the deaths from the diarrhoeas and the pneumonias occurred in infants.

TABLE 4

Causes of Death	Number of Deaths	
	1953	1954
Malignant neoplasms.....	952	1,000
Gastro-enteritis and colitis	2,649	2,690
Pneumonia (all forms)	3,696	3,837
Premature births	876	921
Tuberculosis of respiratory system	1,974	2,052
Tuberculosis (other forms)	965	824

IV. HEALTH DIVISION

Hygiene and Sanitation.

28. As stated in paragraph 8, the Urban Services Department is principally concerned with the maintenance of environmental hygiene. There has been little change in the general picture of gross overcrowding further complicated by the acute shortage of water in the urban areas where some 2,000,000 people are crowded into an area of some 10 to 12 square miles. Considerable progress has been made in clearing squatter areas, though assisted somewhat too vigorously by fire, and that problem is slowly coming under control. To ease the acute housing shortage, Government has authorized the formation of a Housing Authority with wide powers to build low rental houses and that body has initiated several major housing projects, the first of which is now in process of development. The Medical Department is represented on this body by the Assistant Director of Health Services.

29. The environmental hygiene and sanitation of the New Territories is still the responsibility of the Medical Department, although plans are in hand to transfer much of the responsibility

for scavenging services in the major centres of population to the District Commissioner, New Territories. The year has been notable for a rapid development of industry and urbanization in certain areas. This development has produced many public health problems which have proved extremely difficult to control. The three main centres of population in the New Territories now comprise large size market and industrial towns with populations of fifty thousand or more, and the staff originally provided to supervise the hygiene and sanitation of these places when they were small rural townships is now experiencing great difficulty in maintaining adequate control.

Communicable Diseases.

30. Hong Kong again remained completely free of any case of the six quarantinable diseases, smallpox, cholera, plague, typhus, yellow fever and relapsing fever. In this connexion the following table is of interest:—

TABLE 5

Disease	Date of last case reported in Hong Kong	Remarks
Smallpox	June, 1952	Imported case.
Cholera.....	June, 1947	— do —
Plague	1924	— do —
Yellow Fever	—	No case has ever been reported.
Typhus.....	—	Scrub type occurs, no epidemic type reported.
Relapsing Fever	June, 1950	—

31. There was a slight decrease in the total number of cases of communicable disease notified as compared with the notifications made in 1953 and there has also been a definite drop in the number of deaths from these diseases and in the case fatality rates, which indicates more efficient treatment. On the

other hand, poliomyelitis continued to show a tendency to increase, there being 49 cases with 9 deaths as compared with 22 cases and 3 deaths in 1953. Out of that total, 20 were Chinese and 29 non-Chinese including 24 Service personnel and their families. A feature of poliomyelitis in Hong Kong is that it affects foreign new comers much more than the local population. The Chinese cases, with few exceptions, were infants, while the majority of the non-Chinese infected were young adults recently arrived in the Colony. Some of the cases in non-Chinese proved rapidly fatal while others were of a non-paralytic type. The cases showed a scattered distribution with no apparent relation to each other, which would seem to indicate that poliomyelitis is widespread in the Colony in a sub-clinical or unrecognized form. For that reason the use of active vaccination of the general population, in view of recent events, requires most careful consideration. Puerperal fever also slightly increased, there being 8 cases as against 2 in the previous year. There has also been an unusual prevalence of scarlet fever, normally a rare disease in Hong Kong. Possibly a new or more virulent strain of the organism has been introduced by new comers to the Colony. Apart from tuberculosis, which is reported on separately and in more detail, diphtheria and typhoid proved again to be the major problems of the year. Almost the same number of diphtheria cases were reported as in the previous year, despite energetic measures taken to combat this disease, but in view of the fact that the child population was vastly increased and that, prior to the anti-diphtheria campaign, the diphtheria incidence tended roughly to double in each successive year, these campaigns may be credited with at least slowing and checking the spread of the disease though, as yet, they have failed to bring it completely under control.

32. Under the prevailing hygienic conditions and with the continued use of nightsoil as a surface manure, enteric diseases are inevitable. The reported cases show a slight decrease on the figures of the previous year, but there is little justification for complacency in this. Persons living under the existing conditions of fantastic overcrowding and further hampered by

the severe lack of water are incapable of maintaining the standard of cleanliness necessary to prevent this disease. In addition the majority of the population is far from being well versed in the precautions necessary to prevent this disease. Continuous efforts are being made to meet the problem both by instruction and by giving prophylactic vaccination. In this work a special mobile unit equipped with loud hailer and operating as a travelling vaccination centre has proved by far the most effective weapon. This unit was donated by the Rotarians of Hong Kong. As in the case of diphtheria, the best that can be said is that these measures appear to have succeeded in somewhat reducing and slowing the spread of the disease.

33. Rabies has been rather more prevalent this year amongst animals, 8 dogs and 1 pig having been found to have been infected. All cases were in the New Territories. Details of the notifications of infectious diseases and the mortality due to them are attached at Appendix 2.

Tuberculosis.

34. The incidence of tuberculosis as shown by notifications shows an increase which may be due to the greater use now being made of the available diagnostic facilities. Analysis of the notifications and consideration of the mortality in the different age groups indicates either an extremely unusual epidemiological picture or a high degree of unreliability in the statistics, and presents a problem which merits further study.

35. The mortality rate from Tuberculosis shows a drop to 126.3 per hundred thousand of the population and tuberculosis now accounts for 14.9% of the total deaths. The downward trend which has been apparent since 1925 is likely to continue provided there are no further major population or social changes such as occurred in 1937 and 1950. At the same time there has been an absolute increase in the total deaths from respiratory tuberculosis, the rise being in the number of male deaths recorded. Deaths above the age of 10 years show a marked excess in males which reaches a peak in the 40 - 44 age group

where males account for 78% of the deaths in this group. The unsatisfactory housing conditions are reflected in the high percentage (31.2%) of the tuberculosis deaths that occur in the group under the age of 5 years, three quarters of these being due to tuberculous meningitis.

36. The Medical Department operates two major clinics and several branch clinics at various outlying towns and villages. In addition to the normal daily clinics held at the main centres evening clinics are also now instituted at those centres for the benefit of employed persons unable to attend during normal working hours. For the third consecutive year there has been a 50% increase in the volume of work. Each of the main clinics now has its own X-ray department, capable of dealing with most of the examinations required and this year arrangements have been made whereby the Mobile X-ray Unit now calls once a month at the New Territories clinics. There has been a marked increase in the total number of Radiological examinations made. Comparative figures for 1953/54 are as shown in Table 6 below:—

TABLE 6

		1954	1953
Hong Kong (including island branch clinics) —	35 m.m.....	52,253	48,822
	Large film or paper.....	16,235	23,133
	5" × 4".....	10,597	Nil
Kowloon (including N.T. branch clinics) —	35 m.m.....	15,931	16,866
	Large film or paper.....	19,460	18,978
	5" × 4".....	3,555	Nil

Treatment.

37. There are only 971 hospital beds available in the Colony for tuberculosis patients and there are at least 4,171 acutely ill active cases attending the clinics as out-patients who

are in urgent need of hospitalization. Even where home conditions are suitable, which is seldom the case, domiciliary care can only be minimal with the staff available, so that, though far from ideal, ambulatory treatment has to be the method adopted in the majority of cases. Although it is obviously undesirable to have seriously ill patients attending as out-patients at a clinic, the treatment given does at least help to reduce the risk of infection and the further spread of the disease to young children. Each course of treatment lasts 3 months and many patients require from 2 to 3 courses. Various combinations of drugs are given; Streptomycin, usually by bi-weekly injection, Sodium Para-amino Salicylic Acid, and Isonicotinic Acid Hydrazide, combined where necessary with collapse therapy, artificial pneumoperitoneum being the method most frequently employed.

X-ray Surveys.

38. X-ray surveys are done for three different categories, (a) Government employees, (b) private firms and institutions, and (c) detainees in H.M. prisons. All Government servants are X-rayed annually; the results of the last three surveys are set out in the following table:—

TABLE 7

Year	1952	1953	1954
Total X-rayed	19,611	24,915	26,255
Clinically examined	2,640	2,746	3,282
Incidence of active tuberculosis	0.98	0.72	1.02

39. The increase noted this year is, unfortunately, not confined to new recruits; the disease has also been found in personnel who have been repeatedly examined. This state of affairs can hardly be said to be satisfactory. The situation is being kept under review and special investigation is made where any unusually heavy incidence of new cases is detected in any

particular department. Unsatisfactory working conditions have been found to be the cause in some cases in the past, and corrected.

40. Surveys are carried out free for private firms and institutions on condition that they undertake to provide sick leave with pay on an agreed scale to persons requiring treatment. The number of such surveys done during 1954 was 35. A composite analysis of the findings are tabulated below comparing the results with those of 1953:—

TABLE 8

Year	1954	1953
Total X-rayed.....	8,488	7,771
Clinically examined.....	947	1,182
Active tuberculosis.....	142	137
Percentage with active tuberculosis ...	1.67	1.76

41. All prisoners are X-rayed and periodically checked by a Medical Officer. A high percentage of infection is usually detected. The figures for the current year are tabulated below:—

TABLE 9

Total X-rayed	4,906
Requiring further examination	530
Tuberculosis—activity not specified	232
Admitted to hospital	83

42. Special provision is made for the X-ray examination of all school teachers as it is realized that there is considerable danger that this disease may be spread amongst school children

by teachers suffering from active pulmonary tuberculosis. All teachers in Government schools are examined annually, being Government employees, but teachers in private schools are only examined when they seek registration either on appointment or on re-appointment to a new post.

Prevention.

43. Efforts at preventing the spread of tuberculosis are concentrated on public propaganda, education of patients, and B.C.G. vaccination. Public propaganda is, by agreement, the field of the Anti-Tuberculosis Association, education of patients is mainly done by the Medical Department staff of Tuberculosis Visitors in the home, and B.C.G. vaccination is done as a joint effort by all agencies concerned with the tuberculosis problem, including certain private practitioners.

44. B.C.G. vaccination started in April, 1952, with technical and material assistance from the United Nations International Children's Fund and the World Health Organization. This assistance comes to an end in April, 1955, after which the work will be carried on as a local responsibility. The scheme originally started with three mobile teams provided by Government and one static unit provided by the Anti-Tuberculosis Association. The mobile teams first concentrated on the vaccination of all school children and then turned their attention to the vaccination of younger children. These teams were broken up into smaller units, one of which was attached to the School Health Service to maintain the vaccination state among new entrants to schools and the remainder were stationed in Infant Welfare Clinics and other public places where children were to be found. The house-to-house campaign which was being carried out in conjunction with the house cleansing squads operated by the Urban Services Department had to be abandoned when house cleansing was discontinued.

45. The experiments conducted to ascertain which method of vaccinating new born infants would give the most satisfactory conversion rate with minimum complications indicated that the

multi-puncture method gave least trouble and that vaccine of 20 mgm. strength produced the most satisfactory conversion rate. There is however a great reluctance amongst mothers to permit their children to be vaccinated and less than one sixth of the children born in the hospitals are vaccinated.

Social Work.

46. All proved cases of pulmonary tuberculosis requiring investigation or treatment are interviewed by an Almoner. Particulars of the social and economic background of these patients are recorded and filed with the address thus providing a useful cross reference for the medical case cards filed by registration number. An alphabetical index would prove of little use in view of the difficulty generally experienced in standardizing the romanization of Chinese names. The Almoner has at her disposal a sum of \$100,000 allocated from public funds for disbursement in accordance with an agreed scheme. Treatment allowances are available on an approved scale to patients whose prognosis is good and who give up work on the advice of the medical staff for the purpose of undergoing treatment. This applies particularly to teachers, who on detection are forbidden to teach and are therefore deprived of their means of earning a livelihood. These allowances are mainly used for the maintenance of families of patients hospitalized, but in certain cases they are applicable also to patients undergoing ambulatory treatment. Additional nourishment may be provided from this fund also in the form of milk powder issued on the basis of $\frac{3}{4}$ lb. per week to patients on treatment in the clinic.

47. Much of the home supervision of tuberculosis patients falls upon the Tuberculosis Visitors, 23 in number. These Visitors are local girls, locally trained and without any nursing background, and are attached to the Almoner's section and not, as is customary elsewhere, to the nursing side. Their day is normally divided between work in the clinics, assisting medical officers with clerical work, and, in the afternoons, in home visiting. At the first visit the Visitor instructs the patient on the simple methods of limiting spread of infection by isolation

as far as may be practicable, the proper disposal of sputum, and wise habits of rest and diet. At the same time the Visitor endeavours to ensure that all household contacts are examined and all younger children tuberculin tested and, if necessary, vaccinated by B.C.G. vaccination.

Leprosy.

48. The leprosarium on Hay Ling Chau Island (Isle of Happy Healing) is administered by the Mission to Lepers and is therefore a private Institution subsidized by the Hong Kong Government. It works in close collaboration with the Government leprosy clinics. The available accommodation in the leprosarium is still inadequate and admission is strictly limited. The majority of lepers are treated as out-patients at Government out-patient clinics. Fortunately it has been found possible with modern drugs to render the majority of cases of leprosy non-infectious by treating them on an ambulatory out-patient basis. This method has the added advantage of not removing the unfortunate sufferer from his normal environment and employment, a step which later is apt to raise problems of rehabilitation. During the year 3 clinics for treating lepers on an out-patient basis have been organized. The attendances are phenomenally high and during the year amounted to 11,526. The routine treatment is Dapsone (di-amino diphenyl sulphone) administered either by mouth or as a 20% suspension given by intramuscular injection weekly. There is a tendency in approximately 40% of cases for a therapeutic reaction, or exacerbation of signs which requires modification or cessation of treatment followed by gradual resumption. The clinical response shown by gain in weight and amelioration of skin manifestations is satisfactory, but bacteriological reversal is sometimes disappointingly slow.

Rehabilitation.

49. A special committee has been set up by the Mission to Lepers, Hong Kong Auxiliary, to deal with the vexed problem of the rehabilitation of cured and non-infectious lepers. Two

senior members of the Medical Department sit on this committee by invitation and it is gratifying to report that it has achieved some success. It seems that it is slowly being recognized that this disease is curable by modern means and patients discharged and certified by recognized authorities as non-infectious are now being received back into the community and by their relatives with less reluctance than formerly. It can at least be said that the age old prejudice against leprosy is lessening in certain quarters.

Social Hygiene.

50. The rapid development of the work is illustrated by the following table:—

TABLE 10

	1950	1951	1952	1953	1954
New Patients	13,524	17,934	23,565	37,392	36,652
Total Attendances	156,036	152,294	149,237	213,091	223,031

51. An analysis of the more important aspects of the work is attached at Appendix 3.

52. In co-operation with the Maternal and Child Health Services the blood of pregnant women is tested for the presence of unsuspected infection and in the 20,748 tests done during the year, 1,560 were found to be positive, giving an unsuspected infection rate amongst tested pregnant women of 8.5%. This service is available to private midwives also and during the year they submitted 5,697 samples for examination of which 319 were found to be positive, giving an infection rate of 6%. Amongst all women attending the ante-natal clinics, the average infection rate is over 6%.

53. The quantitative titration of the Venereal Disease Research Laboratory blood test is now extensively carried out and is of great service both for diagnostic purposes and post treatment surveillance. A special study of 1,000 such tests has been made and the results published as a special report. Studies were also made of the post treatment results in cases of neurosyphilis treated by penicillin, which confirmed findings elsewhere. This work is continuing.

54. Penicillin resistance was proved in one case of gonococcus, the first time a resistant strain of gonococcus has been identified in Hong Kong. Penicillin resistance in staphylococci is however now very commonly found, 50% of swab cultures showing resistance.

Treatment.

55. For the routine treatment of syphilis procaine penicillin with 2% aluminium monostearate (P.A.M.) is used. Ultra long-acting dipenicillin (Penadur) became available as a one-shot treatment in December, 1954, and has been used to a limited extent where follow-up can be adequate. This drug is of particular value in cases of syphilis with pregnancy who attend in the last few weeks of pregnancy. A clinical trial of aureomycin triple sulfas was made in the treatment of male gonorrhoea. One case of gonococcal ophthalmia in a male adult was treated in Queen Mary Hospital. This disease is now rarely seen in Hong Kong. Sulphonamides are regularly used for the treatment of chancroid and lymphogranuloma venereum.

Follow-up Work.

56. From all sources 2,187 notifications were received. The Social Hygiene Visitors paid a total of 3,437 visits including 845 to defaulters.

57. In 1952 and 1953 the work of the anti-venereal disease section was restricted to the follow-up of prostitutes who defaulted from treatment. In 1954 a beginning was made in the follow-up of married women and male defaulters who had not responded to follow-up letters.

58. Considerable emphasis has been laid this year on Health Education activities. Special films have been made and shown to selected public audiences with considerable effect and the special value of ante-natal blood tests, penicillin treatment, and contact investigation were stressed. Close liaison is maintained with the Moral Welfare Sub-Committee.

School Health Service.

59. In accordance with the terms of Government's agreement with the World Health Organization the latter body seconded a Public Health School Nurse Instructor in June 1954 to assist in and advise on the School Health Service. For training and demonstration purposes four schools were selected with a total enrolment of approximately 20,000 students, and good results have been achieved.

60. In September, 1954, the World Health Organization Regional Adviser on Health Education visited the Colony and as a result of his visit a special co-ordinating team on Health Education was formed, consisting of W.H.O. Maternity and Child Health personnel and their local counterparts, and members of both the Education and Medical Departments, to study methods of health education and to experiment and implement suggestions. An Education Officer has been assigned for work in relation to Health Education in schools and as a liaison officer to the School Health Service. New films and film strips have been added to the Education Department Library and all schools with suitable equipment may have them on loan. Health Education is part of the compulsory course for first year students of the Northcote Teacher's Training College, and the majority of the lectures are given by the staff of the School

Health Service. The course at Northcote Training College is attended also by undergraduates of the Department of Education, Hong Kong University. During the year these Health Education courses were completely revised and now the same basic course is used for all students, one course being given in English and the other in Cantonese. A second year course on Health Education for students of Northcote Training College is under consideration.

61. The number of participants in the service rose from 46,051 to 52,329 and this figure is expected to increase as a result of new schools which are being opened in the Colony.

62. During the year 63,060 medical inspections were carried out, 20,490 on new entrants to the service and 42,570 re-examinations. Only 28.72% of the students were found without apparent defects and 53.06% were listed for observation or re-inspection. The remaining 18.22% were noted for treatment. The nutritional state of the new entrants and the pupils re-examined showed a lower standard and the following table shows the percentage of those classified as slightly below normal and poor for the last three years:—

TABLE 11

	1954	1953	1952
New entrants	31.77%	15.94%	17.64%
Re-examination	20.55%	17.23%	21.61%

63. It has been agreed in principle that where necessary and practicable, new Government schools should be planned to include a special school clinic. These clinics will not be for the sole use of the school to which they are attached but will be to meet the requirements of all schools in the area. The first of these new clinics was opened towards the end of the year.

Maternal and Child Health Services.

64. The Government Midwifery Service, operating from nineteen centres, attended 9,087 women, delivering 8,895 successfully and 121 of still births. It was necessary to refer 140 of the cases to hospitals to deal with complications of pregnancy and child birth. Approximately 11% of all births registered have therefore been attended by the 35 midwives comprising the Government Midwifery Service. The average number of cases handled by a midwife during the year was 259, but one midwife actually delivered as many as 559 cases or rather more than one birth every sixteen hours, a truly remarkable record of service. A case load of over 100 cases per annum is regarded as putting an excessive strain on a midwife elsewhere, militating against adequate attention. Many of these cases were delivered in their own homes, particularly in resettlement areas. The 213 midwives in active private practice delivered 30,195 cases, 29,903 being delivered of living children and 292 of still births.

65. In addition to the normal duties of attending actual births all midwives, private and Government, are expected to give ante-natal supervision during pregnancy to their clients. It is hardly surprising, if a little disappointing, to find that only 66.17% of women delivered by Government midwives and 83.07% of cases attending private midwives were able to receive this attention. The average number of pre-natal examinations given to pregnant women attending all centres was a little over two per pregnancy, but in actual practice the vast majority of pregnant women tended to come only once late in pregnancy when, as often as not, it was already too late to deal adequately with any abnormality present. According to present experience it would seem that at least 8% of all pregnant women are suffering from some grave defect or complication of pregnancy endangering either their own life or that of their unborn child or making for a difficult and dangerous birth, a very large percentage of which could be avoided or ameliorated by earlier attendance and, as has already been pointed out, at least 6% are found to be suffering from unsuspected syphilis which

disease very seriously threatens the life and health of the child. To date it has been found practicable to organize ante-natal sessions at 17 of the 19 Government centres.

66. Post natal care was started on an organized basis in 1953 and this service has been steadily expanded during the year under review. Comparatively few women as yet avail themselves of this service, the average attendance at sessions being only about 9, but that a need exists is revealed by the fact that 16% of women examined are found to be in need of corrective treatment.

67. The care of children during the first 2 years of life is now the most gratifying and highly organized of the Maternal and Child Health Services. During 1954, 16,649 children came under the care of this service, on an average each child attending 12.46 times in the year, that is to say, the majority of children were brought regularly and seen at least once a month. This would seem to indicate that the services rendered are increasingly appreciated and the regular attendance makes it possible to do much systematic health education amongst mothers, an opportunity that is fully exploited by the staff. It is interesting to note that of the children brought to the 3 main urban centres, only 2.21% were found to have any defect whereas amongst those attending the rural centres 4.13% show some defect needing correction. This does not indicate that rural children are twice as liable to malady or malformation as urban children; but rather that urban mothers more fully appreciate that infant health centres are intended to guide and supervise the normal growth and development of healthy children whilst rural mothers incline to regard these centres as places to which to bring their children when sick. Children found to be in need of more than the simplest medical care or advice are of course referred to the appropriate treatment centres.

68. Much of the health education is done by the nurses during visits to the homes of the mothers. This aspect of the work, home visiting and investigation of the background living

conditions of each child, has been increasingly developed and during 1954 22,750 such visits were made. The visiting nurse advises the mother on the spot in her own home on the most practicable steps to take in her particular situation to safeguard the health, not only of her baby but of the whole family, checks on such matters as vaccinations and anti-diphtheria immunization, and notes any special risk or hardship for special attention.

69. Two special investigations carried out by the staff of the Maternal and Child Health Service are worthy of mention. A careful check on the number of births attended and of children attending the health centres revealed the fact that some 3% of births had not been registered within the first 12 months of life. The second investigation was an exhaustive study of the weight and growth of 2,000 infants which revealed that the growth rate of properly supervised Chinese children prior to weaning closely parallels the average growth rate of all children, but that after weaning, when they receive normal Chinese diet, there is a marked tendency for growth to slow up. Taken into consideration with other investigations made, particularly the prevalence of cirrhosis of the liver amongst adult Chinese, and various spot checks on the composition of average diets, this observation lends confirmation to the impression that the average poorer class Chinese diet is gravely deficient in protein—a deficiency which is probably also reflected in the serious tuberculosis incidence.

Malaria Control.

70. Malaria is not a serious problem in Hong Kong, there being only 475 cases recorded during the year under review with 16 deaths, and the spleen index rate amongst children in the New Territories, the most highly malarial area of the Colony, is only 4% (rates of 5—10% being regarded as “ideal targets” by the World Health Organization in malarious areas brought under control by residual spraying). But it must not be overlooked that this has only been achieved by constant and careful larvicidal control. Hong Kong was and still is potentially a dangerously malarious area. Vector mosquitoes abound

on the borders of the controlled areas and, given a favourable opportunity, can increase rapidly at any time. This constant threat of malaria to the Colony is not generally realized.

71. During the year experiments were carried out with new insecticides which were submitted for testing by various Companies. Under local conditions water-miscible Gammexane has been found to be the most efficient larvicide.

Port Health.

72. The Port Health Administration is responsible for the prevention of the importation into the Colony by sea, land, and air of the six quarantinable diseases and of leprosy. The work is governed by local ordinances, the Quarantine and Prevention of Diseases Ordinance (at present under revision) the Merchant Shipping Ordinance, the Vaccination Ordinance, and the Asiatic Emigration Ordinance. Passengers and crews of incoming vessels are inspected at the two Quarantine Anchorages at Kowloon Bay and at Stonecutters Island; arrivals by air are inspected at the Kai Tak Airport and persons entering by the land frontier are checked at Lo Wu Station. The work is carried out expeditiously and with the minimum interference with traffic or inconvenience to passengers and crews. During the year 4,715 ships carrying 57,251 passengers and 230,083 crew were inspected on arrival as against 3,734 ships and 57,106 passengers and 200,701 crew in 1953. The routine spraying of all aircraft with insecticide before arrival is insisted upon. Arrivals by air increased from 15,372 in 1953 to 18,423 in 1954. A total of 189,957 persons entered the Colony by the land frontier compared with 301,670 and 163,695 in the previous two years. Of these 46,871 were vaccinated against smallpox.

Fumigation of Ships.

73. An important feature of port health work is the destruction of rats on ships by fumigation as an international measure against the spread of bubonic plague. During the year

40 ships were fumigated with sulphur dioxide, 19 with cyanide and 148 were granted exemptions subject to proof of freedom from rats. The fumigation staff also fumigated or disinfested bales of gunny, feathers, etc., before export on request by business firms.

Mosquito Control in Vessels.

74. Mosquito breeding on small craft in the waters of the Colony has been reduced to negligible proportions and *Aedes aegypti*, which was the predominant species found breeding on junks in 1953, has practically been eliminated. This has been brought about chiefly as a result of measures taken by junk masters themselves on the advice given by the Port Health Inspectors during the regular inspection of junks throughout the year. Out of 11,350 junks inspected mosquito larvae were found on only 26, i.e. 0.23% of vessels inspected as against 2.32% in the previous year. The species identified were *Culex fatigans* on 14 junks, *Aedes albopictus* on 5, *Aedes aegypti* on 4, *Aedes aegypti* and *Culex fatigans* on 1 and *Aedes albopictus* and *Culex fatigans* on 2.

Industrial Hygiene.

75. Towards the end of the year a start was made towards organizing a Factory Health Service by seconding a Medical Officer specifically trained in industrial hygiene to the Labour Department. Draft proposals were prepared and approved for establishing a special service to cover this aspect of public health and exercise a more satisfactory supervision of the health of industrial workers as well as to extend the present supervision of working conditions exercised by the Commissioner of Labour.

Health Education Techniques.

76. Much time and effort has been expended in trying to instruct the general public by various means on both general and specific health problems. Special films have been made, posters

and pamphlets printed, talks and demonstrations arranged, discussion groups organized, radio plays produced and special broadcasts given during the year. In an attempt to assess the relative merits of the various techniques and approaches, an investigation was made by the Health Officers in connexion with the anti-diphtheria campaign, during which all methods of propaganda were used, to ascertain from parents what had persuaded them to bring their children for immunization. The results of this investigation were somewhat inconclusive in some respects but showed definitely that the method which produced most and immediate results was the use of the loud hailer of a public address system mounted on the mobile inoculation vehicle donated by the Rotary Club. At the other extreme posters were very clearly demonstrated to be quite the most uneconomical and least productive form of propaganda. Direct advice from friends and doctors rated fairly high and interestingly enough quite a surprising number of persons gave their reason for coming for immunization as "seeing the queue." The responses ascribed to seeing cinema trailers, reading press articles or hearing broadcast talks were disappointing. It would seem that direct conversation or discussions amongst individuals or small groups is the most effective health educational technique.

V. CURATIVE SERVICES

77. There are in the Colony 27 hospitals of all kinds ranging in size from small twelve bed units to a large general hospital of 589 beds. Government owns and operates 11 of these and provides substantial financial assistance to 7 others operated by voluntary organizations. The remaining 9 are entirely independent and receive no financial assistance from Government. The 11 Government hospitals provide 1,856 beds, the assisted hospitals 2,111 beds, and the private hospitals 994, a grand total of 4,961 hospital beds for all purposes or a little more than two beds per thousand of population, assuming that the population has not been under estimated. According to certain British authorities quoted in standard text books on the

subject, a community should provide per thousand of population 6 beds for general purposes, 1.5 beds exclusively for tuberculosis patients, 1 for the isolation of infectious diseases, and up to 6 beds for the accommodation of mental diseases and mental deficiency cases, a total of 14.5 hospital beds for all purposes or 7 times the total facilities available in Hong Kong. Details of the categories of beds available in the hospitals and of in-patients treated during the year are shown in Appendix 4. Details of work done in Government hospitals and in the assisted hospitals, classified according to the International Standard Classification (International List of 150 causes) are given in Appendix 5. The 11 Government hospitals comprise 2 major general hospitals and 1 minor rural hospital on lease from the St. John Ambulance Brigade and used largely for minimal cases of tuberculosis, 2 maternity hospitals, 2 infectious diseases hospitals, 1 hospital for venereal diseases in women, 1 hospital for mental diseases and 2 prison hospitals. The major hospital for tuberculosis, the Ruttonjee Sanatorium, is operated by the Hong Kong Anti-Tuberculosis Association assisted financially by Government, and the Maxwell Memorial Hospital for lepers on Hay Ling Chau is administered by the Mission to Lepers again with financial assistance from Government. In addition to the major hospitals Government also operates 2 major out-patient polyclinics on the Island and 1 in Kowloon, 2 major chest clinics, 10 public dispensaries in the urban area and 12 rural health centres which do both curative and preventive work, and 2 mobile dispensaries, as well as certain emergency and special clinics. At most of the rural centres a limited number of beds are provided for maternity cases and, in addition to general out-patient services, visiting specialists offer dental, ophthalmic and other services.

The General Hospitals.

78. There are three Government general hospitals, 1 on the Island, the Queen Mary Hospital, 1 in Kowloon, the Kowloon Hospital, and 1 on Cheung Chau, owned by the St. John Ambulance Brigade but operated on a lease by Government. The Queen Mary Hospital is the largest in the Colony and is the

main centre for the clinical training of medical students of the University of Hong Kong and is also the main school of nursing in the Colony. The senior staff is supplied about equally by Government and by the Medical Faculty of the University. The Hospital does not offer any true out-patient service but it handles most of the serious accidents and acute cases that occur on the Island and all cases coming under police attention. It has been found necessary to extend the existing hospital by adding a new casualty wing and work on this project has just commenced. Kowloon Hospital is old and much smaller, and quite inadequate for the needs of the population its 233 beds serve. It has to deal with the whole of the urban area, which alone has probably a population of about a million people, and also the more serious cases from the New Territories. The main Kowloon out-patient service is operated in this hospital also and although there has been some lessening of pressure due to the opening of out-patient clinics elsewhere, this department continues to be extremely hard pressed. Kowloon Hospital also functions as a school of nursing. The increase in the work is perhaps most vividly illustrated by the following table which gives not the actual figures but the percentage of increase yearly since 1947 using the figures for that year as a base. It must be remembered that the facilities were already overloaded in 1947.

TABLE 12

	1947	1948	1949	1950	1951	1952	1953	1954
	%	%	%	%	%	%	%	%
General In-patients	100	104	113	130	144	163	162	183
Maternity Cases.....	100	93	99	115	168	198	177	192
O.P.D. Attendances	100	72	92	145	366	412	385	322
Operations	100	128	142	165	218	245	261	278

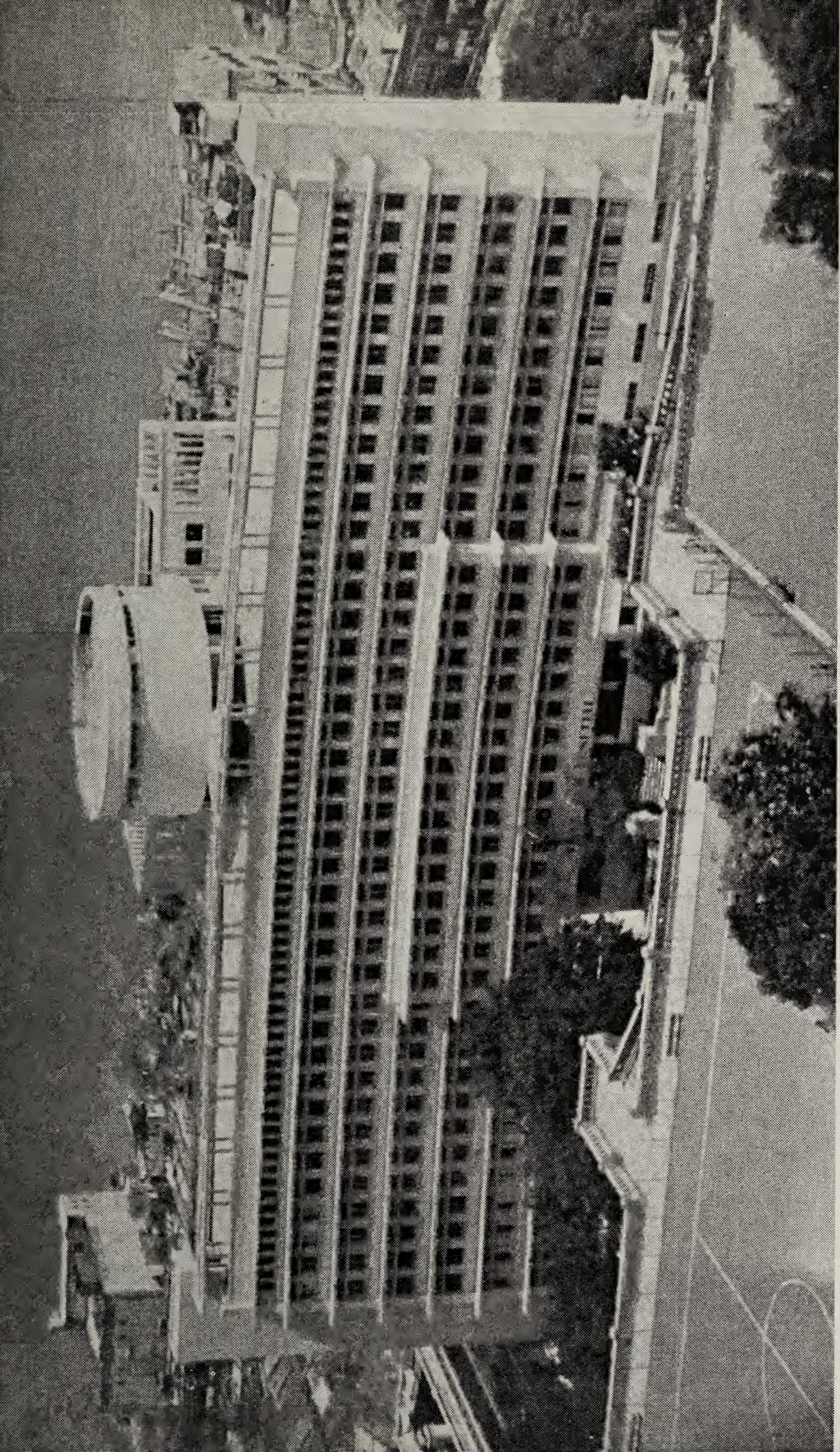
It is to replace this institution that a new 1275 bed hospital is being planned. The St. John Hospital on Cheung Chau is a small rural hospital of 102 beds, 42 of which are reserved for

milder cases of tuberculosis. It serves not only the small island of Cheung Chau but the neighbouring islands also. The staff is small and the services offered are limited, any major surgical or emergency case being transferred to Queen Mary Hospital by ambulance launch. It has been suggested that a helicopter ambulance would be more expeditious. The work done has considerably increased as can be seen from the following figures:—

	1951	1952	1953	1954
Out-patients (new cases)	13,945	16,830	22,299	30,078
In-patients admitted	1,593	1,683	1,589	1,719
Vaccinations/Inoculations	8,180	11,855	12,020	12,420

Maternity Hospitals.

79. As has been stated previously in this Report, a great deal of maternity work is done by the Government Midwifery Service and by private midwives. Still more is done by certain non Government institutions with or without financial assistance from Government, most notably perhaps at Kwong Wah Hospital and at the Alice Ho Miu Ling Nethersole Hospital. The main Government maternity hospital is the Tsan Yuk Hospital, an institution of 85 beds housed in old and thoroughly unsuitable premises which has served the Colony well for many years. This hospital, which is very shortly to be replaced by a modern 200 bed maternity hospital, is the main training centre in the Colony for medical students and midwives and the Professor of Obstetrics and Gynaecology of the University of Hong Kong is responsible for supervising the clinical work. The volume of work done is stupendous. No fewer than 7,164 patients were admitted to the 85 beds during the year and the total number of deliveries was 6,606, that is to say some 7.9% of all births registered in the Colony during the year took place in this one comparatively small hospital. There were 7 maternal deaths in this large number of deliveries, many of them being of an emergency nature or complicated in some way, giving a maternal mortality rate of 1.06 per thousand deliveries. It is worthy of note that among the 6,433 deliveries



The new Tsan Yuk Maternity Hospital of 200 beds.



The older type of General Out-patient Clinic combining several curative services.

of booked cases, all of whom received ante-natal supervision, the mortality rate was only 0.77 per thousand. The 155 deliveries of non booked cases were all emergencies and it is not surprising that the mortality amongst them was somewhat higher, but even so it was gratifyingly low. There were no deaths from puerperal sepsis, 3 of the 7 deaths were due to toxæmia of pregnancy, 2 to hemorrhage, and 2 to associated diseases. There were 24 cases of eclampsia but only 1 death, giving a case fatality rate of 4.2%, the lowest figure on record in this institution. The other Government Maternity Hospital is the Eastern Maternity Hospital which originated many years ago as a private enterprise of the local Kai Fong. Since the war it has become a Government Hospital. It is a small 24 bed hospital also extremely badly housed in unsuitable premises by modern standards but again the quality of work done is most satisfactory. During the year 2,662 patients were admitted with 2,478 deliveries and only 2 fatalities, giving a maternal mortality rate of 0.8 per thousand which is comparable with the best rate at the much better equipped Tsan Yuk Hospital. A valuable addition to the maternity service of the Colony was made during the year when the new Obstetrical and Gynaecological wing of the Alice Ho Miu Ling Nethersole Hospital was opened by His Excellency the Governor. This hospital, operated by the London Mission Society and assisted financially by Government, has long been famous in the Colony particularly for the excellence of its maternity services and the outstanding quality of training given to nurses and midwives therein. It also provides surgical and medical services and has a busy out-patient department. The new wing accommodates 110 beds of which 70 are for maternity and 40 for gynaecological cases.

Infectious Disease Hospitals.

80. The Government maintains 2 hospitals for the treatment of infectious diseases, mainly diphtheria, typhoid, and the dysenteries, one on either side of the harbour. Neither hospital can be said to be entirely suitable for the purpose as they were not designed to fill this particular need. The Sai Ying Pun Infectious Disease Hospital is housed in very old and dilapidated

buildings situated in one of the most congested areas in the city. It is a hospital of a nominal bed strength of 88 beds but rarely are there less than 100 patients in it at any one time and very frequently considerably more. There is a staff of ten doctors but these officers are also responsible for certain duties in the adjacent Sai Ying Pun Out-patient Clinic. A disturbing discovery made in this hospital during the year was that a local strain of *Shigella* has developed resistance to chloramphenicol making the successful treatment of certain cases of bacillary dysentery rather more difficult. Fortunately certain anti-biotics proved efficacious. Lai Chi Kok Hospital is not strictly speaking a hospital for infectious diseases alone. It is a large institution of the pavilion type with 484 beds, housed in adapted premises, and only part of it is used as an infectious disease hospital, 208 beds being set aside for cases of tuberculosis and 108 being used as a relief hospital for convalescent and chronic cases from the two general hospitals. Many of these long term chronic cases are orthopaedic cases in children and this year one general ward of 26 beds was specifically set aside for this type of patient. The Red Cross Society interested itself in these children and has provided a teacher and teaching equipment for this ward. Occupational therapy has been introduced but so far little enthusiasm has been aroused for making articles for which no monetary reward is to be expected. In the infectious disease section of the hospital 1,159 cases were treated during the year which is 325 less than in the previous year.

Mental Hospital.

81. The present hospital for mental diseases is completely inadequate, antiquated, and thoroughly unsatisfactory. It is hoped to replace this institution shortly with a modern well designed hospital. Overcrowding, always a serious problem, was worse than ever during 1954. There were 1,023 admissions as compared with 825 in 1953. The hospital is designed to accommodate 140 patients but during the year there were never less than 300 housed in it at any one time and at the end of the year there were 363. A high standard of modern treatment

is maintained nevertheless and the hospital is the University training centre for the study of nervous disorders. The quality of work done has received favourable commendation from visiting prominent psychiatrists. During the year no less than 635 patients were discharged home with all symptoms fully remitted and 181 were discharged greatly improved and fit to resume normal life. The average length of stay was 44.75 days. There were 55 deaths, 30 of them due to syphilis. There were 468 new cases treated as out-patients and 1,188 old cases continued out-patient treatment. The new drug "Chlorpromazine" was used for the control of disturbed patients and found to be of great value. Trials are being made at present of the new Rauwolfia alkaloids for the same purpose. An occupational therapist with experience in mental hospitals has recently joined the staff and this form of therapy is being further developed.

Social Hygiene Hospital.

82. This small hospital provides 20 beds and 8 cots for the treatment of venereal diseases in women and infants. The premises are old and not satisfactory but recent renovations and re-decoration have considerably improved conditions. Because of these major repairs and alterations, which were completed towards the end of the year, only half of the hospital was able to function at any one time during 1954, and consequently there was a sharp reduction in the volume of work done. Only 588 patients were admitted. Because of the convenience, safety, and efficacy of the modern out-patient treatment with antibiotics, it is less frequently necessary to hospitalize cases of gonorrhoea although this disease has much graver sequelae and complications in women than in men. An out-patient service is also operated in this hospital for female patients.

Prison Hospitals and Medical Facilities.

83. There are 2 small hospitals in each of the two main prisons but not in the remand prison or in any of the institutions for youthful offenders. In these latter institutions there

is a sick bay and a doctor visits regularly and conducts out-patient clinics and sick parades. Specialist services are available in the same manner. The Queen Mary Hospital is equipped with a special detention ward to which prisoners requiring more serious medical or surgical treatment can be admitted. A clinical laboratory was established in conjunction with the clinic at Victoria Remand Prison during 1954 to handle the simpler types of investigations and 224 such investigations were made. The officers of the Dental service make periodic visits. All prison inmates are regularly X-rayed and blood tested for evidence of venereal disease, as already reported. The prison medical officers supervise the general hygienic conditions of the prison and cook houses, etc. During the year the bed strength of the Stanley Prison Hospital was increased to 70, and 592 prisoners were admitted for treatment. The average stay in hospital was 27 days. The number of more serious cases transferred to other hospitals was 24, 11 of these to the Queen Mary Hospital and 13 to the Mental Hospital. Only 6 deaths occurred in prison, 2 of them being suicides. There were in addition 5 judicial executions and 1 prisoner died in Queen Mary Hospital to which he had been transferred with a serious surgical condition. Drug addiction amongst prisoners is always a major problem and 2,086 addicts were treated during the year. Tuberculosis is also always very prevalent; 232 new cases were detected while the average number of tuberculosis cases in prison at any one time was 106. Fewer prisoners were found to be suffering from venereal diseases this year, there being only 2,749 cases compared with 3,757 in the previous year. The Dental Surgeons treated 369 prisoners at their fortnightly visits. Only 19,943 prisoners attended sick parades during the year as compared with 35,266 in the previous year, the average parade being only 65 and mainly for very minor injuries or ailments. As the total number of prisoners committed to Stanley Prison during 1954 was 5,174 and the daily average population 2,099, these figures do not indicate any unusual morbidity. The hospital at Lai Chi Kok Female Prison is little more than a sick bay. It has only one 12 bed ward and a single bed maternity room with an examination room used also as a dispensary and out-patient

clinic. During the year 185 cases were admitted to this small hospital, 6 of whom were maternity cases for delivery, 34 were suffering from pulmonary tuberculosis, and 37 were drug addicts. In addition to the medical services mentioned above for prisoners the Medical Department also holds special clinics for prison staff and their dependants.

VI. THE OUT-PATIENT SERVICES

84. The work done in the various out-patient clinics during the year borders on the fantastic. At the main clinics doctors work in shifts from 9. a.m. to midnight continuously and on the average each doctor sees one patient every 2 to 3 minutes. Patients are expected to pay \$1 per visit, a step introduced some years ago with a view to deterring irresponsible visits for trivial causes; but the volume of work continues to increase yearly. The main out-patient centres are at Sai Ying Pun and Violet Peel Health Centres on the Island and at Kowloon Hospital on the mainland. The opening of the new Police Medical Post in Kowloon, the Maurine Grantham Health Centre in the New Territories, and other subsidiary small clinics has somewhat relieved the pressure on the Kowloon Hospital out-patient department but nevertheless 499,403 attendances were recorded at the latter institution. Pressure of work at the Sai Ying Pun out-patient department is equally heavy. Thanks once more to the continuing generosity of the Jockey Club it is hoped shortly to erect a multi-storied building to accommodate the work now being done at this clinic. The Sai Ying Pun clinic serves as a field training centre for medical students studying at the University of Hong Kong. Conditions at the Violet Peel Health Centre are little better although this building was built comparatively recently and began to function just before the out-break of the Pacific War. The pressure of work completely swamps the available space and facilities and it has been found necessary to extend the waiting space by erecting shelters outside the building to protect the queues. At the Violet Peel Health Centre alone over 196,000 patients attended the regular day clinics and over 90,000 the late evening clinics.

There were 185,718 new cases. Out-patient attention is also available at the 10 public dispensaries in this city and at 12 rural health centres scattered over the New Territories. In addition other smaller clinics are held in premises of certain other Government departments. A special clinic is held for English speaking Government servants in the new Secretariat building where the Families Visiting Doctor sees English-speaking patients by appointment. Similar facilities are afforded at Kowloon Hospital. A small clinic for the benefit of the staff of the Marine Department is served by the Port Health Officers; a clinic is held in the Kowloon Terminus Station for the benefit of railway employees; and 2 clinics, one in Hong Kong and another in Kowloon, are operated for members of the Police Force and their dependants. Still another is being developed at Kai Tak Air Terminus for the benefit of air crews and airport personnel. A very busy clinic functions at the Portland Street Society for the Protection of Children Centre, and during the year temporary clinics were operating in association with the work of the Social Welfare Department for fire victims and at certain relief camps. These smaller clinics serve to disperse the overwhelming load on the main centres to some extent but the present pressure of work cannot be sustained indefinitely. Although the health of the Medical staff has shown no particularly marked deterioration as yet, the matter is causing grave concern. Details of the attendances at various centres will be found in Appendices 6, 7, 8 and 9.

Medical Attention in Remote Areas.

85. The Medical Department operates two small vehicles equipped as travelling dispensaries to augment the out-patient work of the rural health centres in the more remote villages and areas of the New Territories which are accessible to road transport. Unfortunately there are still some settlements in the New Territories which are not easily accessible to road transport and at Sai Kung, one of the more remote villages, a new health centre is being built. Considerable help is given in rural areas and in the outlying islands by the St. John

Ambulance Brigade which sends small parties called "Penetration Squads" periodically to visit such places. These squads give medical, dental, and nursing care and minor surgical treatment and also play a considerable part in the work of protecting the population in these areas by prophylactic injections and hygienic advice.

Other Associated Medical Institutions.

86. The 7 voluntary institutions most closely associated with the Government service and in receipt of Government subsidies are—the Ruttonjee Sanatorium, the Tung Wah Group of three hospitals, the Alice Ho Miu Ling Nethersole Hospital, the Hay Ling Chau Leprosarium and the Pok Oi Hospital. The Ruttonjee Sanatorium is operated by the Anti-Tuberculosis Association of Hong Kong and provides 230 beds, including 38 cots for children, for the treatment of tuberculosis. Admission to this hospital is generally made through the Government chest clinics and close liaison is maintained between this Association and Government's Anti-Tuberculosis Service. Plans are at present in hand for the Association to build a tuberculosis convalescent home and another sanatorium. The Tung Wah Hospitals are operated by a long established Board of prominent and civic minded Chinese gentlemen who not only administer 3 large and very busy general hospitals, which are also training schools for nurses and midwives, but also schools and other charities. They accommodate a percentage of the long term chronic sick and thus allow the Government hospitals to deal with the more acute cases. The Medical Superintendents of the 3 Tung Wah Hospitals are Government Medical Officers specially seconded for the purpose but the rest of the staff is engaged and paid by the Board of Directors. Several prominent specialists in private practice give their services as honorary consultants. A small convalescent hospital for tuberculosis patients is maintained by the Tung Wah Board of Directors at Sandy Bay in temporary wooden structures. Mention has already been made of the work of the Alice Ho Miu Ling Nethersole Hospital and the Leprosarium. The Pok Oi Hospital is a small rural hospital of 36 beds situated at Un Long built

some time ago and supported by voluntary effort. It is administered by a Board of Directors and 2 Government Medical Officers are seconded to work in it. The general pattern of administration closely follows the pattern of the Tung Wah Group of Hospitals.

VII. THE INVESTIGATIVE SERVICES

87. Under this category come the Pathological Institute, the Public Mortuaries, the Chemical Laboratory and the Radiological Department.

Pathological Institute.

88. Routine laboratory investigation of diseases and bacteriological examinations of food and water are made at the Pathological Institute and its subsidiary laboratories. This institute also produces the majority of the vaccines used locally. The Pathological Institute comprises a main building on the Island and a subsidiary institute situated at the Kowloon Hospital on the mainland. In addition there are 2 small clinical laboratories, one at the Queen Mary Hospital and one opened during the year at the Lai Chi Kok Hospital. The Institute's responsibilities also include the 2 public mortuaries and supervision of the Blood Bank.

89. Specimens received for examination in 1954 numbered 256,593—an increase of 16,650 over the previous year's figures. Since the war the annual increase has been fairly steady and the present figures are more than treble those for 1946. Serological tests for syphilis alone numbered 104,058. Sputum specimens totalled 34,947 and bacteriological examination in connexion with the diagnosis and treatment of tuberculosis expanded to such an extent that this work has now become a separate branch which should have its own premises and staff.

90. The vaccines produced in 1954 were:—

Anti-smallpox vaccine	38,066 ml.
„ cholera „	156,900 „
„ typhoid-paratyphoid vaccine (Adult)	150,700 „
„ „ „ „ (Children)	220,000 „
„ rabic vaccine (2%)	25,600 „
„ „ „ (4%)	14,760 „
„ rinderpest vaccine	77,900 „
Diluted tuberculin	32,300 „
Grand total	<u>716,226 ml.</u>

Public Mortuaries.

91. There are 2 public mortuaries, one in Hong Kong and one in Kowloon. Although both are old buildings, and the Kowloon mortuary in particular is unfortunately sited, they continue to serve their purpose reasonably well. Both are now air-conditioned and equipped with refrigeration units for the keeping of bodies pending investigation. Specimens of scientific interest were sent to the University of Hong Kong for teaching purposes. A statistical summary of the work done is attached at Appendix 10.

Work of the Police Surgeon.

92. To assist the police in investigating the medical aspects of suspected crimes 2 medical officers with special experience in forensic medicine are seconded to the Police Department. They are assisted by a chemist and certain specially trained police personnel. The work falls into 3 categories:—

- (a) Forensic
- (b) Laboratory
- (c) Lecturing.

The forensic work covers—

- (a) The examination of victims and suspects connected with violent and unnatural crimes;
- (b) Calls to assist at scenes of crimes especially in murders and sudden deaths;
- (c) Attendance at Court including giving evidence at Coroner's Inquests, Magistrates' Courts, and the Supreme Court;
- (d) Medico-legal post mortems covering both Hong Kong and Kowloon;
- (e) Raids on unregistered medical practitioners, unregistered dentists, sellers of poisons, and manufacturers of dangerous drugs.

93. The laboratory work deals mainly with examinations of blood and seminal stains, hairs and fibres, weapons and articles connected with crimes. In addition the laboratory staff blood-group all police recruits before they pass out of the Police Training School.

94. Short lectures and demonstrations of an hour's duration are given from time to time to police officers at the laboratory showing medico-legal aspects of certain crimes. Lectures are also given once weekly to the medical students at the University.

The Chemical Laboratory.

95. The Government Chemical Laboratory carries out analytical and consulting work for Government departments, the Services, and the commercial community. Government work is done free, but for other work fees are charged according to a prescribed tariff. This tariff has been revised and its scope widened during the year.

96. During the year the laboratory moved into new and much improved accommodation.

97. The volume of work dealt with has shown a marked increase over that of last year 27,675 samples being dealt with as against 24,907, and the following table shows very briefly the distribution of this work:—

TABLE 13

	1953	1954
Public Health.....	12,281	14,551
Chemico-Legal.....	800	939
Commercial	1,747	966
Revenue Control, Narcotics, Strategic Materials	9,828	10,518
Miscellaneous Government Work.....	250	701
	24,907	27,675

The Radiological Department.

98. The work of this department is mainly diagnostic but therapeutic treatment is also carried out. Under the administration of the Radiological Specialist are also grouped the physiotherapy and occupational therapy units. The diagnostic work is done in Queen Mary Hospital and Kowloon Hospital, the chest clinics, and by mobile X-ray units. Radiotherapy is confined to the Queen Mary Hospital only.

99. The following forms of radiotherapy are given:—

- (a) superficial X-ray
- (b) contact X-ray
- (c) deep X-ray
- (d) telecobalt

The diagnostic work of the department has steadily increased as is illustrated by the following table:—

TABLE 14

	1952	1953	1954
Total number of examinations...	141,694	195,673	233,563

Of these 233,563 examinations, 207,043 were chest examinations, mainly for tuberculosis. The total number of treatments given was 5,165.

VIII. SPECIAL ANCILLARY SERVICES

Ophthalmic Service.

100. The main ophthalmic centre in Hong Kong was established in Violet Peel Polyclinic, Wanchai, at the beginning of the year. The main centre in Kowloon is located at Kowloon Hospital. From these 2 centres staff are sent out to various out-patient clinics to operate special ophthalmic clinics once or twice a week. Such special sessions are now being held at 10 out-stations. During 1954 there were 50,378 attendances at the various eye clinics, of which 25,518 were new cases. The pressure on the clinics of cases suffering from actual eye diseases has been so heavy that it has been impossible to undertake simple correction of vision tests for the general public to any great extent, but in cases where correction of vision is needed as part of treatment of an eye disease, free or cheap spectacles have been provided.

Preventive Treatment.

101. Penicillin is now used as a routine prophylactic measure at birth in all Government maternity centres in place of the former silver nitrate treatment. This has been found

to produce less irritation and to be as satisfactory in preventing eye diseases amongst the new born. Persons sustaining eye injuries in industry are now attending much more promptly for treatment and the number of eyes lost from neglect or delay in seeking treatment in such cases is diminishing in a most gratifying manner. Shark's liver oil, prepared locally, is used as a supplementary diet to provide vitamin A in cases suffering from eye conditions associated with malnutrition.

Notes on Curative Procedures.

102. Trachoma is now treated as recommended by the World Health Organization with tetracyclines. It is, however, not a grave problem in Hong Kong and a recent survey of all patients attending the eye clinics revealed that only 15% suffered from this disease.

103. Dimox and Di-fluoro Phosphene have been used with excellent results in the treatment of glaucoma. The use of cortisone in addition to systemic treatment given at the social hygiene clinics has been most successful during the current year in preventing cases of blindness from interstitial keratitis, not one case having developed. The out-patient operation theatres have been fully used all year for the surgical corrections of eye defects, greatly relieving the load on the hospitals.

Dental Service.

104. At the close of the period under review there were 8 dental clinics in operation; 4 in the General Dental Service, 3 in the School Dental Service, and 1 operating jointly for the General and School Dental Services.

105. Two new dental clinics were opened during the year. The new Wanchai Clinic in Kennedy Road, which was officially opened on 1st April, 1954, includes in its second floor the Dental Headquarters (Dental Specialist's office, stores and laboratory) a Government Servants' Dental Centre (4 surgeries

with ancillary offices), and a School Dental Centre (4 surgeries with ancillary offices). One School Dental Clinic was moved from temporary quarters to permanent accommodation attached to a new Primary School on 1st October.

106. In the General Dental Service, treatment was provided for Government Servants and their families, in-patients of Government hospitals, prisoners, and general public poor persons in urban and rural areas. Treatment visits totalled 10,899 Government Servants, 8,523 families, and 15,819 general public, making a grand total of 35,241 visits. In this service 24,420 teeth were extracted, 7,311 teeth were filled or crowned, and 791 prosthetic appliances were fitted. Pupils and teachers in private and grant schools who joined the School Health Service were dentally examined every six months. 23,468 examinations were carried out and 16,287 were found to require treatment, a percentage of 69.4. 3,644 permanent and 27,759 deciduous teeth were extracted, and 4,077 permanent and 552 deciduous teeth were filled or crowned.

107. Several dental clinics were operated by welfare organizations either for their members or for the poor in their respective districts. In the latter category were included the evening clinics operated by the Hong Kong Dental Society at the Hong Kong Family Welfare Society's Centres in Hong Kong and Kowloon, and the St. John Ambulance Brigade Penetration Party which visits remote areas in the New Territories where dentists give their services free of charge for the treatment of poor persons.

108. Two dental inspectors were employed on duties in connexion with the control and supervision of dental practice in the Colony. They regularly inspected premises used and proposed to be used by dentists, a large majority of whom possess no dental qualifications of any sort. They were also vigilant in investigating and reporting instances of illegal dental practice by unregistered persons. In this category 9 persons were convicted under the Dentists Registration Ordinance during the year.

109. In 1954 Government announced a dental scholarship scheme, and 6 such scholarships were awarded to Hong Kong students in October. Concern has been felt in that, lacking a dental school in Hong Kong, the number of dental surgeons to care for the population is likely to be seriously deficient during the next ten or twenty years. The dental scholarship scheme has been devised to ensure that a sufficient number of well qualified dental surgeons will come to Hong Kong and practise in government service or privately. To this end an obligation is laid on them to return to Hong Kong after qualification for at least three years. The first year's study is spent in the Science Faculty of Hong Kong University, and the student then goes to Singapore to study for four years in the Dental School of the University of Malaya, after which he qualifies as Bachelor of Dental Surgery. Five scholarship students who had already passed their first year examinations in Hong Kong University proceeded directly to Singapore, and one student took up his first year studies in Hong Kong. It is anticipated that 9 dental scholarships will be awarded each year to suitable male or female students who have qualified to enter the Hong Kong University.

Pharmaceutical.

110. This sub-department has its administrative headquarters at the Central Medical Store, located in the same compound as the Government Stores Department. Its most important function is to maintain an adequate flow of drugs, dressings and instruments to the various institutions of the department. To do this, its activities cover a very wide range. Very large quantities of bulk preparations are made on both sides of the harbour. These include injections, transfusion fluids, concentrated mixtures, ointments, etc. Large quantities of special surgical instruments and equipment are purchased by the sub-department through the Crown Agents for Overseas Governments and Administration. All standard lines of phar-

maceuticals, routine instruments, and dressings are purchased locally through Controller of Stores. During the year supplies were issued to 215 institutions.

111. Another very important aspect of the Chief Pharmacist's duties is the issue of licences to premises registered under the Pharmacy and Poisons Ordinance and the routine inspection of their records. In addition, similar duties are involved in the supervision of dealings in anti-biotics and dangerous drugs. A careful examination is made at the end of each month of all movements of dangerous drugs within the Colony. Licences (official authorizations to import) are issued for each individual importation of dangerous drugs, and the numerous quarterly and annual returns to the Permanent Central Opium Board are prepared by the Chief Pharmacist.

112. Following are comparative figures for 1953 and 1954 of issues of licences to deal in poisons and anti-biotics and the number of inspections made:—

	1953	1954
Wholesale Dealers Licences	475	429
Listed Sellers Licences	229	238
Licences issued to Authorized Premises (Pharmacies)	24	23
Anti-biotic Permits	207	194
Restricted Anti-biotic Permits	157	69
Premises inspected	1,078	1,092

The drop in the number of Anti-biotic Permits issued can only be construed as an indication of trade conditions in anti-biotics.

Physiotherapy.

113. The headquarters of this sub-department was moved to a new clinic which was opened on the 1st April, 1954. This new clinic, which is conveniently situated on the ground floor

of the building, contains 6 treatment units, an occupational therapy room, and a hydrotherapy room which accommodates one large and two smaller tanks supplied by the United Nations International Children's Fund. There is also a working area where the wax baths are given and other treatments prepared and a large re-education room with fitted wall bars and numerous aids for patients of all ages who are just beginning to regain the use of their limbs. The treatments at this new clinic alone totalled 26,852 by the end of the year.

Medical Social Services.

114. The increased turnover of patients in all the hospitals brought more work for the almoners as each patient is interviewed at least once. At the Mental Hospital there has been a noticeable increase in the work of tracing the home connexions of the "unknown" and "neglected" cases. Considerable time and effort is needed to discover their true identity and social resources, but in most of these cases relatives have been traced and patients returned to their homes. Special attention has been given to patients suffering from nasopharyngeal carcinoma who often make long journeys several times weekly for radiotherapy at Queen Mary Hospital. Many are found to be too poorly nourished to take the treatment and these patients are given extra food and their travelling expenses are paid. Some attempt has also been made to help with the social problems of lepers, both those attending the out-patient clinics and those fit for discharge from Hay Ling Chau Leprosarium. Experience has shown that the problems of this group of people are not easily resolved and it is unlikely that any really useful contribution can be made until an almoner is appointed solely for this work.

115. Expenditure on surgical appliances for patients too poor to meet the cost themselves amounted to \$3,422. Grants were made from the Samaritan Fund for temporary maintenance of patients or their dependants, for fares for patients to attend

hospitals or clinics, or for their relatives to visit them in hospital, and for various forms of help in re-establishment after discharge, the total expenditure being \$4,578.

Workmen's Compensation Ordinance.

116. The Workmen's Compensation Ordinance gives welcome relief to many injured workmen and their families and is helpful to the almoners in that it makes compulsory much that was previously only achieved by prolonged negotiation and it ensures aid from the less conscientious employer. Nevertheless it introduces methods and principles which are strange to many injured workmen and a great deal of time has to be spent by the almoners in clearing the mind of the patient, whose recovery is apt to be retarded if he feels that adequate compensation for his injury is being overlooked.

Stores and Supplies.

117. In general there has been no serious hold up in the supply of equipment. Money has been saved by making as many items of surgical furniture as are possible either in the Department's own workshop or in the workshops at Government Stores. New high pressure sterilizers of an improved modern rectangular type have been installed in the Queen Mary Hospital. The old ones, which had seen service for many years and were considered unfit for further use, were removed and from them it was possible to build one high pressure sterilizer to be used at the new Tsan Yuk Hospital.

Technical Improvements.

118. Air conditioning was introduced into the out-patients Department, Dental Centre, Casualty Operating Theatre and the second major operation theatres at Kowloon Hospital. The Operating Theatre and X-ray Department at Lai Chi Kok Hospital were also air conditioned. At Lai Chi Kok Hospital also a large new incinerator was installed and the kitchen was fitted with an auxiliary cold room for food storage.

Planning Committees.

119. Two new planning committees were organized during the year:

- (a) A special Sub-Committee to consider the preparation of comprehensive lists of furnishings, fixtures and equipment for the new Kowloon Hospital in order to ascertain what articles could be manufactured locally.
- (b) A Departmental Planning Committee to advise on new establishments.

Building Programme.

120. At the beginning of the year a new clinic was opened in Wanchai which provides chest, dental, and physiotherapy services. It replaces older and less satisfactory facilities provided in other premises now adapted for other purposes and is therefore not so much a new development as an improvement on existing services, but it has resulted nevertheless in a large increase in the volume of work being handled. A little later in the year the Maurine Grantham Health Centre at Tsun Wan was opened by Lady Grantham. This centre was built with funds raised by a group of benevolent residents of the Colony. It is a typical rural health centre offering curative and preventive services, the upper storey being a small but well equipped maternity hospital. Work has already started on enlarging this health centre to meet the heavy demands made upon it during the few months in which it has been operating. Also during the year work was completed on the new 200 bed Tsan Yuk Maternity Hospital which will shortly replace the existing overcrowded and antiquated hospital. Much progress has also been made in the detailed planning of new institutions, including a 1,275 bed general hospital for Kowloon, a hospital for mental diseases, and a multi-storied polyclinic, as well as certain smaller health centres and clinics in the New Territories and resettlement areas.

Staff Welfare.

121. Preliminary steps have been taken for the commencement of a Sports and Recreation Club for the staff as a whole. An application is being made to Government for a site for a sports ground and clubhouse. This club will, it is anticipated, serve further to improve morale and fellowship amongst the staff.

Auxiliary Medical Service.

122. The Auxiliary Medical Service was established in 1950 by regulations made under the Essential Services Corps Ordinance. It is a unit within the Essential Service Corps and its unit controller is the Director of Medical and Health Services. The purpose of the Service is to supplement medical services in times of emergency; substantial progress was made towards this objective during the year. With the co-operation of the St. John Ambulance Brigade the casualty collecting service has been built up to a reasonable standard of efficiency and the scope of the service has been expanded. Field training exercises were carried out continuously. Training of auxiliary dressers to work in hospitals has continued and the point has been reached where almost all the personnel needed for the scheme have received at least one course of ward training.

Blood Banks.

123. The blood banks at Queen Mary and Kowloon Hospitals work in close co-operation with the Hong Kong Branch of the British Red Cross Society, the latter being responsible for the collection of more than 80% of all blood used in Hong Kong and Kowloon, while the banks act as storage and distribution centres. Blood is supplied without charge to all hospitals and doctors throughout the Colony when required in emergency. Each bank is staffed by one nursing sister and one male attendant.

124. A plasma drying unit consisting of a vertical spin freezer and a centrifugal vacuum machine was installed at Queen Mary Hospital Blood Bank in the early part of September, but so far there has been little surplus blood for plasma production. Nevertheless, sufficient has been available to enable experiments to be conducted and as a result it has been found necessary to order additional minor equipment.

IX. TRAINING OF PERSONNEL

Liaison with University.

125. As has been mentioned frequently throughout this report the Medical Department co-operates closely with the Faculty of Medicine of the University of Hong Kong in the training of medical students. Many members of the Government staff act as part-time lecturers and during the year the Director of Medical and Health Services acted as Professor of Social Medicine. Students of medicine and the social sciences attend various Government institutions for clinical instruction and field observation. After qualification medical graduates are required to do one year post graduate work under supervision as house officers before qualifying for registration and these young doctors are largely employed in the various Government hospitals for this experience.

Nursing Staff.

126. An important part of the work of the Medical Department is the training of nurses (male and female) and midwives. Recruitment of student nurses and dressers continued to be satisfactory but in the early part of the year 9 student nurses and 1 dresser failed to pass the Preliminary Training School Examinations and 4 student nurses and 2 student dressers found they had chosen the wrong profession and resigned. Twenty-seven nurses and 2 dressers passed the Final Nursing Board Examination and 24 students qualified as Midwives.

Technical Staff.

127. In addition to training nurses, the Medical Department also trains technical assistants in pharmacy, radiography, laboratory techniques, physiotherapy, and in medico-social service. The following table lists the work done in this field during 1954:—

TABLE 15

	Appoint- ment	Resigna- tion	Strength at 31.3.55
Probationer Assistant Physiotherapist	1	1	2
„ Radiographic Assistant	1	—	10
„ Dispenser	4	2	13
„ Laboratory Assistant	1	1	10
„ Assistant Almoner	4	1	4
„ Nurse	39	13	131
„ Dresser	14	3	29
Pupil Midwife	51	20	59

Health Visitors.

128. A new venture in the training of personnel this year has been the institution of an official course of training for the Health Visitor's Certificate under the auspices of the Royal Sanitary Institute. Ten students commenced the course in October, 1954.

Fellowships and Scholarships.

129. In addition to local training, Government provides financial assistance to certain selected personnel to take special courses of study abroad. This is augmented by Sino-British Fellowship Trusts Funds administered by the British Council.

During 1954 11 students of various grades were assisted by Government and 4 received financial assistance from Sino-British Fellowship Trust Funds.

130. The following table sets out the nature of the appointment of the officers sent abroad for special study and the subjects studied with the assistance described above:—

TBBLE 16

Appointment	Subjects Studied
Radiological Specialist	Medical Radiotherapy
Medical Officer	Anaesthesia
Medical Officer	Forensic Medicine
Assistant Dental Surgeon	Post-graduate course in oral Surgery
Almoner	Almoner's training
Radiographic Assistant	Therapeutic Radiography
Laboratory Assistant	Medical Laboratory Technology
Nurse	Mental Nursing
Senior Dresser	Mental Nursing
Dresser	Mental Nursing
Dresser	Mental Nursing

131. The World Health Organization also assists Government in this special post-graduate work and during the year under review 2 Medical Officers were sent abroad under W.H.O. Fellowship funds, 1 to study for the Diploma in Public Health and 1 Malaria Control, and 2 nursing sisters to study Paediatrics.

Students studying overseas at their own expense.

132. In addition certain personnel elected to take special study abroad at their own expense and were granted special leave of absence for this purpose. They are expected to join the Government service on their return.

Students sent to Hong Kong from abroad for special study.

133. The training facilities of Hong Kong are now recognized by other bodies outside the Colony and certain students financed by W.H.O. have paid brief visits for instruction. Four nurses who had been studying in New Zealand were sent to Hong Kong to complete their experience before returning to their posts, a Japanese doctor studying Port Health Administration was sent by W.H.O. to Hong Kong and 2 French professors interested in medical education paid a visit to the Colony to study Hong Kong methods.

X. INTERNATIONAL ORGANIZATIONS

Exchange of Information.

134. Close liaison is maintained with the World Health Organization in the exchange of epidemiological information.

Assistance received, Technical and Material.

135. As already mentioned W.H.O. provided 4 Fellowships to assist post-graduate study. In addition that Organization has continued to support a team of Advisors on Maternal and Child Health and School Health Services who are working with the Medical Department in strengthening these services in the Colony. The United Nations International Children's Fund continued to give considerable material assistance.

K. C. YEO,
Director of Medical & Health Services.

OCCUPATIONAL THERAPY FUND

Statement of Receipts and Payments for the year ending 31st March, 1955.

RECEIPTS

PAYMENTS

Description	Amount		Description	Amount	
	\$	c.		\$	c.
To Balance brought forward			By Travelling expenses for voluntary workers	2,400.01	296.10
To Refund of honorarium from Miss Chan Kwai Yue.....		200.00	By Purchase of material.....		466.27
To Sale of rattan articles and materials		6,680.20	By Honoraria to voluntary workers		4,190.00
			By Balance carried forward		4,327.84
				9,280.21	9,280.21

The above account has been examined in accordance with the Conditions set out in the Schedule to the Resolution approving the Establishment of the Occupational Therapy Fund. I have obtained all the information and explanations that I have required, and I certify, as a result of this audit, that in my opinion the account is correct.

Sgd. W. H. WILLIAMS
Acting Director of Audit.

30th June, 1955.

Certified Correct.

Sgd. K. W. FORROW
p. Director of Medical and Health Services.
18th June, 1955.

Sgd. B. I. BICKFORD
Secretary, Occupational Therapy Committee.
18th June, 1955.

Statement of Receipts and Payments for the year ending 31st March, 1955.

PAYMENTS

Description	Amount		Description	Amount	
	\$	c.		\$	c.
To Balance brought forward	8,043.90		By Providing maintenance and capital grants, clothing, food, travelling expenses and etc., to patients		5,640.54
To Donations.....	17,362.50		By Balance of pensions and other monies held on behalf of various patients.....	\$ 3,379.42	
To W. & O. Pensions (Mrs. Li Shuk Hing widow of late Mr. Chan Nai Tso, now an inmate in mental Hospital).....	640.97		By Balance carried forward.....	\$ 17,027.41	
	26,047.37				26,047.37

The above account has been examined in accordance with the Conditions set out in the Schedule to the Resolution approving the Establishment of the Samaritan Fund. I have obtained all the information and explanations that I have required, and I certify, as a result of this audit, that in my opinion the account is correct.

Sgd. W. H. WILLIAMS
Acting Director of Audit.

30th June, 1955.

Certified correct.

Sgd. K. W. FORROW
p. Director of Medical & Health Services.
18th June, 1955.

Sgd. M. E. M. BENHAM
Principal Almoner, Medical Department.
18th June, 1955.

NURSES REWARDS AND FINES FUND

Statement of Receipts and Payments for the year ending 31st March, 1955.

RECEIPTS

PAYMENTS

Description	Amount		Description	Amount	
	\$	c.		\$	c.
To Balance brought forward			By Purchase of prizes for Nurses and Dressers, and cost of frames, photographs etc,	1,943.82	—
To Forfeiture of deposits from Misses Edith Fung, Gertie Silva, Roseannia Yuen, Diana Cheung, Mary Ho, Laura Shum, Dorothy Mao, Lui Suk and Josephine Sham			By Provision of tea for 430 persons on the occasion of presentation of certificates and prizes to Nurses and Dressers	1,800.00	615.00
			By Balance carried forward		1,075.00
					2,053.82
				3,743.82	3,743.82

The above account has been examined in accordance with the Conditions set out in the Schedule to the Resolution approving the Establishment of the Nurses Rewards and Fines Fund. I have obtained all the information and explanations that I have required, and I certify, as a result of this audit, that in my opinion the account is correct.

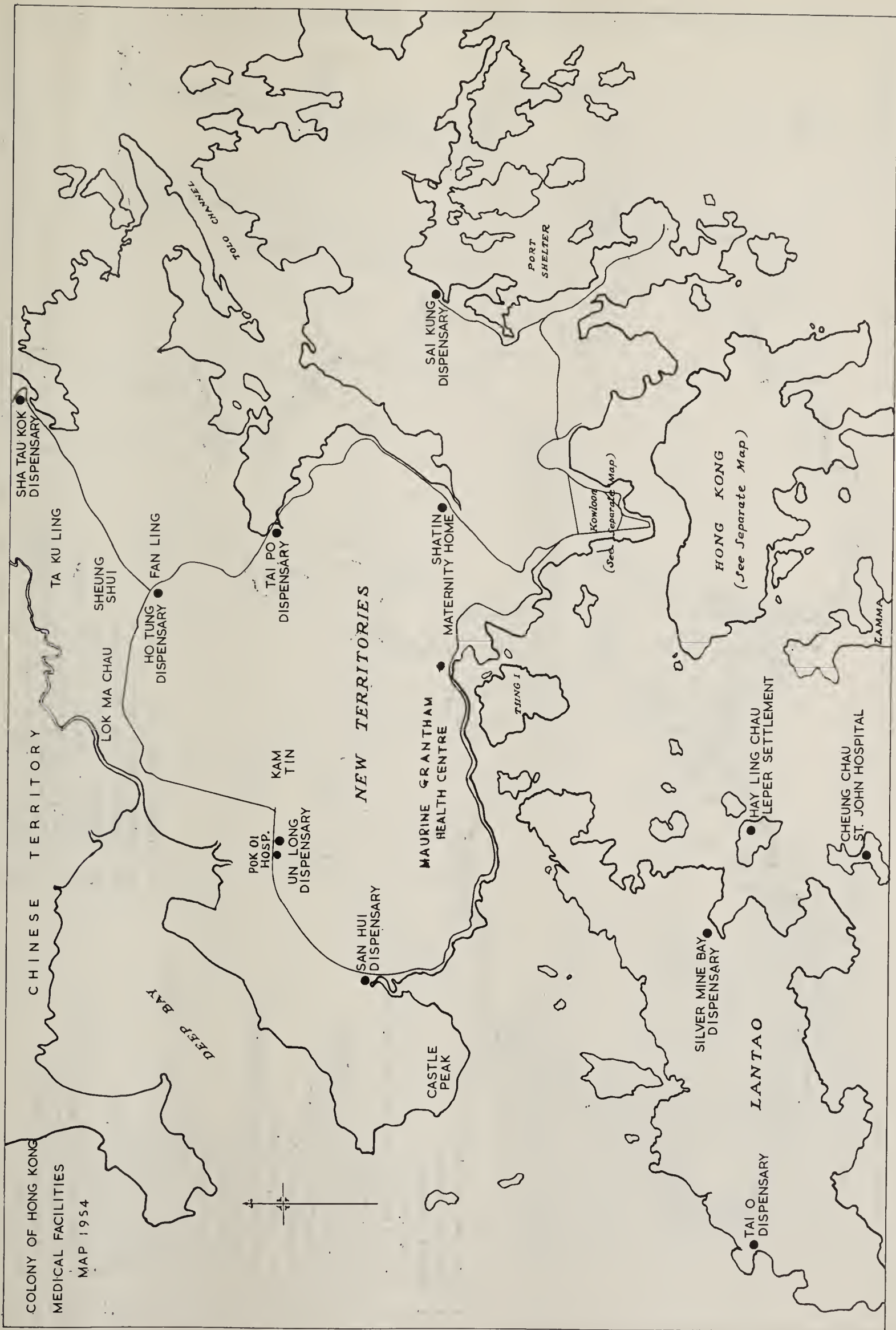
Sgd. W. H. WILLIAMS
Acting Director of Audit.

30th June, 1955.

Certified correct.

Sgd. K. W. FORROW
p. Director of Medical & Health Services.
18th June, 1955.

Sgd. H. C. FISHER
Ag. Principal Matron, Medical Department.
18th June, 1955.



COLONY OF HONG KONG
MEDICAL FACILITIES
MAP 1954

HONG KONG ISLAND MEDICAL FACILITIES

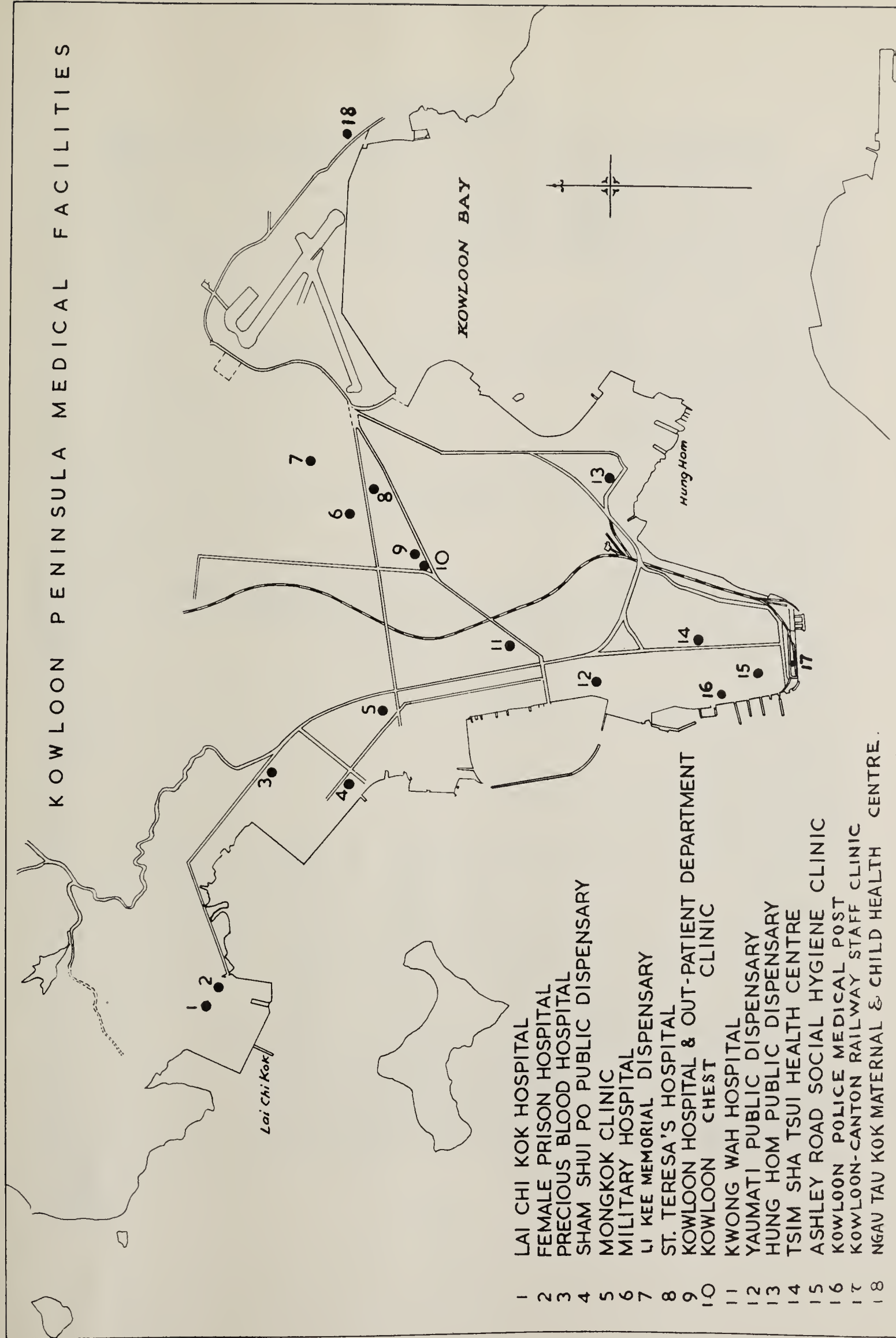


HONG KONG

- 1 LING YUET SIN INFANTS' HOSPITAL
- 2 TSAN YUK HOSPITAL
- 3 MENTAL HOSPITAL
- 4 TAI WO HOSPITAL
- 5 SAI YING PUN HOSPITAL & OUT-PATIENT DEPT.
- 6 TUNG WAH HOSPITAL
- 7 ALICE HO MIU LING NETHERSOLE HOSP.
- 8 PORT HEALTH INOCULATION CENTRE
- 9 CENTRAL PUBLIC DISPENSARY
- 10 POLICE MEDICAL POST
- 11 H.K. FAMILIES CLINIC
- 12 STATUE SQUARE INOCULATION CENTRE
- 13 H.K. CENTRAL HOSPITAL
- 14 MILITARY HOSPITAL
- 15 ST. FRANCIS HOSPITAL
- 16 VIOLET PEEL POLYCLINIC
- 17 EASTERN DISPENSARY & MATERNITY HOSPITAL
- 18 RUTTONJEE SANATORIUM
- 19 WANCHAI S.H. HOSPITAL
- 20 HARCOURT HEALTH CENTRE
- 21 ST. PAUL'S HOSPITAL
- 22 ST. JOHN AMBULANCE BRIGADE CENTRE
- 23 TUNG WAH EASTERN HOSPITAL
- 24 H.K. SANATORIUM & HOSPITAL
- 25 NAVAL HOSPITAL

- 26 MATILDA HOSPITAL
- 27 QUEEN MARY HOSPITAL
- 28 ABERDEEN PUBLIC DISPENSARY
- 29 SHAUKIWAN PUBLIC DISPENSARY
- 30 STANLEY PRISON HOSPITAL
- 31 STANLEY PRISON HOSPITAL
- 32 NORTH POINT MATERNAL & CHILD HEALTH CENTRE
- 33 CHAI WAN MATERNAL & CHILD HEALTH CENTRE
- 34 WAN CHAI CLINIC

KOWLOON PENINSULA MEDICAL FACILITIES



APPENDIX 1

Establishment of the Medical Department as at 31.3.55

Director of Medical and Health Services	1
Deputy Director of Medical and Health Services	1
Assistant Director of Medical Services	1
Assistant Director of Health Services	1
Senior Medical Officer	1
Senior Health Officer	1
Secretary	1
Senior Specialist (Medical)	1
Senior Specialist (Malariologist)	1
Government Pathologist	1
Surgical Specialist	1
Radiological Specialist	1
Tuberculosis Specialist	1
Chief Port Health Officer	1
Dental Specialist	1
Gynaecological and Obstetrical Specialist	1
Social Hygiene Specialist	1
Ophthalmic Specialist	1
Psychiatric Specialist	1
Anaesthetic Specialist	1
Medical Officers, Assistant Medical Officers, Women Medical Officers, Assistant Women Medical Officers & House Officers	221
Dental Surgeons and Assistant Dental Surgeons	11
Pathologists	3
Radiologists	2
Government Chemist	1
Chemists and Assistant Chemists	4
Principal Matron	1
Nursing Staff	795
Principal Almoner	1
Almoners and Assistant Almoners	20
Executive Officers	7
Clerical Staff	197
Chief Pharmacist, Pharmacists, Dispensers, & Dispensary Super- visors	69
Superintendent Radiographer, Radiographers, and Radiographic Assistants	29
Superintendent Physiotherapist, Physiotherapists, and Assistant Physiotherapists	10
Physicist	1
Occupational Therapists	2
Chief Laboratory Technician, Laboratory Technician, and Laboratory Assistants	27
Chief Hospital Secretary and Hospital Secretaries	4
Health Inspectors and Malaria Inspectors	24
Dietitians	2
Public Vaccinators	63
Other staff	2,000
TOTAL	3,514

Appendix 2

Notifications and Deaths — 1953-54.

	Total No. of Notifications		Total No. of Deaths at all ages	
	1953	1954	1953	1954
Amoebiasis	285	236	7	6
Cerebro-Spinal Meningitis	12	14	5	3
Chickenpox	298	233	8	1
Cholera	—	—	—	—
Diphtheria	1116	1104	133	116
Dysentery (Bacillary and clinical).....	662	535	26	37
Enteric Fever	1434	1099	128	83
Malaria	780	475	46	16
Measles	661	597	50	126
Plague	—	—	—	—
Polio-myelitis	22	49	3	9
Puerperal Fever	2	8	—	3
Rabies — Human	2	—	2	—
„ — Animal	3	9	3	9
Relapsing Fever	—	—	—	—
Scarlet Fever	12	20	—	—
Small-pox	—	—	—	—
Tuberculosis	11900	12508	2939	2876
Typhus Fever	2	—	—	—
Whooping Cough	131	130	1	—
Yellow Fever	—	—	—	—

Appendix 3

**Composite Table to Show Incidence of Venereal Disease in Hong Kong
and work done by Social Hygiene Department**

	1951	1952	1953	1954
New Cases.....	17,934	23,565	37,392	36,652
Total Attendances	152,294	149,237	213,091	223,031
Admissions to Hospital.....	1,063	1,106	741	588
Total Syphilis	3,215	3,216	6,969	6,825
(except Congenital)				
Primary Syphilis	562	672	634	393
Secondary Syphilis	301	180	132	54
Early Latent Syphilis	1,101	882	2,298	2,209
Late Latent Syphilis	1,038	1,275	3,727	3,983
Congenital Syphilis	164	77	44	24
(under 1 year)				
Congenital Syphilis	49	47	69	93
(over 1 year)				
Gonorrhoea	6,903	8,546	11,625	10,785
Chancroid	2,347	2,400	2,507	2,365
Lymphogranuloma Venereum...	197	111	208	286
Non Venereal Disease	2,420	6,596	13,616	14,526

**Statistics for the Period 1st April, 1954 to 31st December, 1954
Leprosy Out-Patient Service**

New Cases of Leprosy.....	492
Lepromatous	149
Tuberculoid	171
Total Number of Clinics	94
Total Attendances.....	11526
Number of Cases transferred for Admission	28

Type of Defaulters	No. of visits made	Cases returned	Patient seen, ignored advice given	Patient out, message left.	Moved away	Not known at address	No such address	Others
Prostitutes	637	82 14%	52 8.1%	11 1.7%	140 22%	184 18.8%	61 9.5%	107
Male.....	173	16 9.2%	18 10.4%	26 14.5%	29 16.7%	48 27.7%	35 20.2%	1 Died
Married women	35	3 8.2%	5 14.3%	5 14.3%	4 11.4%	11 31.4%	6 16.4%	1 Died
(Kowloon only)								

APPENDIX 4

**In-patients admitted into Government, Government Assisted and
Private Hospitals, 1954, including cases remaining in
hospital from the previous year.**

N A M E	Beds	General Cases	In- fectious Cases	Tuber- culosis Cases	Mater- nity Cases	Mental Cases	Total
Government Hospitals :							
Queen Mary	589	8,521	115	690	2,308	3	11,637
Kowloon	233	6,369	112	114	2,829	14	9,438
Sai Ying Pun	88	440	1,228	46	—	—	1,714
Tsan Yuk	85	767	—	—	7,256	—	8,023
Mental	140	—	—	—	—	1,332	1,332
Stanley Prison	70	431	87	102	—	22	642
Eastern Maternity	24	92	—	—	2,591	—	2,683
Wanchai Social Hygiene	28	613	—	—	—	—	613
Lai Chi Kok	484	133	1,159	673	—	—	1,965
St. John	102	1,258	30	122	379	—	1,789
Lai Chi Kok Female Prison	13	135	6	37	6	5	189
TOTAL.....	1,856	18,759	2,737	1,784	15,369	1,376	40,025
Government Assisted Hospitals :							
Tung Wah Group	1,255	23,471	268	3,279	23,604	—	50,622
Alice Ho Miu Ling Nethersole	240	3,638	126	138	1,841	—	5,743
Ruttonjee Sanatorium	230	—	—	676	—	—	676
Pok Oi	36	1,179	—	—	741	—	1,920
Hay Ling Chau Leprosarium	350	—	350	—	—	—	350
TOTAL.....	2,111	28,288	744	4,093	26,186	—	59,311
Private Hospitals :							
Tai Wo	40	1,091	27	25	31	—	1,174
St. Paul	172	987	252	885	580	—	2,704
Ling Yuet Sin Infants'	125	265	3	4	172	—	444
Precious Blood	90	2,083	192	195	163	—	2,633
Hong Kong Sanatorium	239	4,400	143	380	1,352	49	6,324
St. Francis	72	1,075	15	30	—	—	1,120
St. Teresa's	73	1,475	71	100	264	—	1,910
Hong Kong Central	103	2,195	101	228	153	—	2,677
Matilda and War Memorial	80	1,013	—	—	99	—	1,112
TOTAL.....	994	14,584	804	1,847	2,814	49	20,098
GRAND TOTAL : ...	4,961	61,631	4,285	7,724	44,369	1,425	119,434

APPENDIX 5

In-patients treated in Government and Government Assisted Hospitals, 1954.

Classified according to International Standard Classification Intermediate List of 150 Causes.

Inter-mediate List Number	Detailed List Number.	Cause Groups	Cases Treated 1954		Deaths 1954		Deaths 1954		
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony		
							Male	Female	Sex Un-known
A 1	001 - 008	Tuberculosis of respiratory system	1,388	3,196	33	1,296	1,328	724	—
A 2	010	Tuberculosis of meninges and central nervous system.....	153	648	70	449	308	271	—
A 3	011	Tuberculosis of intestines, peritoneum and mesenteric glands...	34	46	4	26	42	30	—
A 4	012 - 013	Tuberculosis of bones and joints...	151	105	—	8	3	5	—
A 5	014 - 019	Tuberculosis, all other forms	102	108	7	67	81	84	—
A 6	020	Congenital syphilis.....	32	35	2	5	5	2	—
A 7	021	Early Syphilis.....	56	4	—	—	—	—	—
A 8	024	Tabes dorsalis.....	24	18	1	6	6	1	—
A 9	025	General paralysis of insane	110	2	30	2	30	2	—
A 10	022, 023	All other syphilis	147	71	13	12	54	4	—
A 11	026 - 029	Gonococcal infections.....	130	—	—	—	—	—	—
A 12	030 - 035	Typhoid fever.....	581	277	30	38	51	32	—
A 13	040	Paratyphoid fever and other Salmonella infections.....	43	6	—	—	—	—	—
A 14	041 - 042	Cholera.....	—	—	—	—	—	—	—
A 15	043	Brucellosis (undulant fever).....	—	—	—	—	—	—	—
A 16	044	Bacillary dysentery	268	10	12	—	21	13	—
(a)	045	Amoebiasis	117	30	4	2	4	2	—
(b)	046	Other unspecified forms of dysentery.....	3	3	—	1	1	2	—
(c)	047, 048	Scarlet fever	19	—	—	—	—	—	—
A 17	050	Carried forward.....	3,358	4,559	206	1,912	1,934	1,172	—
									3,106

APPENDIX 5—Continued

Inter-mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1954		Deaths 1954		Deaths 1954		
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony		Total
							Male	Female	
A 18	051	<i>Brought forward</i>	3,358	4,559	206	1,912	1,934	1,172	3,106
A 19	052	Streptococcal sore throat	8	—	—	—	—	—	—
A 20	053	Erysipelas	2	—	—	—	—	—	—
A 21	055	Septicaemia and pyaemia.....	20	25	20	10	17	16	33
A 22	056	Diphtheria	1,050	5	99	1	48	68	116
A 23	057	Whooping cough	15	1	—	—	—	—	—
A 24	058	Meningococcal infections	11	2	3	—	2	1	3
A 25	060	Plague	—	—	—	—	—	—	—
A 26	061	Leprosy	34	1	1	1	2	—	2
A 27	062	Tetanus	89	3	45	3	22	26	48
A 28	080	Anthrax	—	—	4	—	5	4	9
A 29	082	Acute poliomyelitis	28	—	1	—	2	—	2
A 30	081, 083	Acute infectious encephalitis	1	—	—	—	—	—	—
		Late effects of acute poliomyelitis and acute infectious encephalitis	11	—	—	—	—	—	—
A 31	084	Smallpox	—	—	—	—	—	—	—
A 32	085	Measles.....	285	6	59	—	73	53	126
A 33	091	Yellow fever	—	—	—	—	—	—	—
A 34	092	Infectious hepatitis	52	—	—	—	1	—	1
A 35	094	Rabies	—	—	—	—	—	—	—
A 36 (a)	100	Louse borne epidemic typhus	—	—	—	—	—	—	—
(b)	101	Flea-borne epidemic typhus (murine)	—	—	—	—	—	—	—
(c)	104	Tick-borne epidemic typhus.....	—	—	—	—	—	—	—
(d)	105	Mite-borne typhus	—	—	—	—	—	—	—
(e)	102, 103 106-108	Other and unspecified typhus	—	—	—	—	—	—	—
A 37 (a)	110	Vivax malaria (benign tertian) ...	46	65	—	—	1	—	1
		<i>Carried forward</i>	5,010	4,667	438	1,927	2,107	1,340	3,447

APPENDIX 5—Continued

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1954		Deaths 1954		Deaths 1954		
			Govern- ment Hospitals	Govern- ment Assisted Hospitals	Govern- ment Hospitals	Govern- ment Assisted Hospitals	Male	Female	Sex Un- known
A 37 (b) (c) (d) (e)	111	<i>Brought forward</i>	5,010	4,667	438	1,927	2,107	1,340	—
	112	Malariae malaria (quartan)	3	—	—	—	—	—	—
	115	Falciparum malaria (Malignant tertian).....	96	81	1	4	8	7	—
	113, 114 116, 117	Blackwater fever	—	—	—	—	—	—	—
	123.0	Other and unspecified forms of malaria.....	24	156	—	—	—	—	—
A 38 (a) (b) (c) (d)	123.1	Schistosomiasis vesical (S. haema- tobium)	10	—	—	—	—	—	—
	123.2	Schistosomiasis intestinal (S. Mansoni)	—	—	—	—	—	—	—
	123.3	Schistosomiasis pulmonary (S. Japonicum)	1	—	—	—	—	—	—
	125	Other and unspecified schis- tosomiasis	—	2	—	—	—	—	—
	127	Hydatid disease	1	—	—	—	—	—	—
A 39 A 40 (a) (b) (c) (d)	127	Onchocerciasis	2	—	—	—	—	—	—
	127	Loiasis	—	—	—	—	—	—	—
	127	Filariasis (bancrofti)	1	3	—	—	—	—	—
	129	Other filarias	1	—	—	—	—	—	—
	126	Ankylostomiasis	11	94	—	1	—	1	—
A 41 A 42 (a) (b) (c) (d)	130.0	Tapeworm (infestation) and other cestode infestations	1	—	—	—	—	—	—
	130.3	Ascariasis.....	32	138	—	—	—	—	—
	124, 128 130.1, 130.2	Guinea Worm (dracunculosis)	—	—	—	—	—	—	—
	037	Other diseases due to helminths...	6	89	—	—	—	—	—
		Lymphogranuloma venereum	19	—	—	—	—	—	—
A 43 (a)		<i>Carried forward</i>	5,218	5,230	439	1,932	2,115	1,348	—
									3,463

APPENDIX 5—Continued

Inter-mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1954		Deaths 1954		Deaths 1954		
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Unknown
A 43	(b)	Brought forward.....	5,218	5,230	439	1,932	2,115	1,348	—
	(c)	Granuloma inguinale, venereal.....	—	—	—	—	—	—	—
		Other and unspecified venereal diseases	27	—	—	—	—	—	—
	(d)	Food poisoning infection and intoxication	3	—	—	—	—	—	—
	(e)	Relapsing fever	—	—	—	—	—	—	—
	(f)	Leptospirosis icterohaemorrhagica (Weil's disease)	—	—	—	—	—	—	—
	(g)	Yaws	—	—	—	—	—	—	—
	(h)	Chickenpox	49	—	1	—	1	—	1
	(i)	Dengue.....	1	—	—	—	—	—	—
	(j)	Trachoma	—	—	—	—	—	—	—
	(k)	Sandfly fever	—	—	—	—	—	—	—
	(l)	Leishmaniasis	1	—	—	—	—	—	—
	(m)	Trypanosomiasis gambiensi.....	—	—	—	—	—	—	—
		Trypanosomiasis rhodesiensis	—	—	—	—	—	—	—
		Other and unspecified trypanosomiasis	—	—	—	—	—	—	—
	(n)	Dermatophytosis	—	—	—	—	—	—	—
	(o)	Scabies.....	2	1	—	—	—	—	—
	(p)	All other diseases classified as infective and parasitic	112	14	—	1	1	—	1
		036,054,059, 063,064,070, 074,086,088, 089,093, 096.1,096.6, 096.8,096.9, 122,132-134, 136-138	5,413	5,245	440	1,933	2,117	1,348	—
		Carried forward.....	5,413	5,245	440	1,933	2,117	1,348	3,465

APPENDIX 5—Continued

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1954		Deaths 1954		Deaths 1954		
			Govern- ment Hospitals	Govern- ment Assisted Hospitals	Govern- ment Hospitals	Govern- ment Assisted Hospitals	Male	Female	Sex Un- known
A 44	140 - 148	<i>Brought forward.....</i> Malignant neoplasm of buccal cavity and pharynx	5,413	5,245	440	1,933	2,117	1,348	—
A 45	150	Malignant neoplasm of oesophagus	79	200	5	91	92	47	—
A 46	151	Malignant neoplasm of stomach ...	24	19	6	10	17	14	—
A 47	152,153	Malignant neoplasm of intestine, except rectum	78	204	17	64	79	66	—
A 48	154	Malignant neoplasm of rectum ...	19	45	5	17	21	21	—
A 49	161	Malignant neoplasm of larynx	21	68	5	18	26	17	—
A 50	162,163	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	6	9	2	1	10	2	—
A 51	170	Malignant neoplasm of breast.....	54	40	15	25	51	31	—
A 52	171	Malignant neoplasm of cervix uteri	81	117	2	18	—	44	—
A 53	172 - 174	Malignant neoplasm of other and unspecified parts of uterus	184	223	2	65	—	96	—
A 54	177	Malignant neoplasm of prostate ...	51	86	4	13	—	47	—
A 55	190 - 191	Malignant neoplasm of skin.....	3	4	1	2	4	—	—
A 56	196, 197	Malignant neoplasm of bone and connective tissue	10	10	1	2	2	1	—
A 57	155 - 160 164, 165, 175, 176, 178-181, 192 - 195 198 - 199	Malignant neoplasm of all other and unspecified sites	35	23	5	8	13	8	—
			185	219	53	138	186	105	—
A 58	204	Leukaemia and aleukaemia	41	11	18	4	18	5	—
		<i>Carried forward.....</i>	6,284	6,523	581	2,409	2,636	1,852	—
									3,465
									139
									31
									145
									42
									43
									12
									82
									44
									96
									47
									4
									3
									21
									291
									23
									4,488

APPENDIX 5—Continued

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1954		Deaths 1954		Deaths 1954		
			Govern- ment Hospitals	Govern- ment Assisted Hospitals	Govern- ment Hospitals	Govern- ment Assisted Hospitals	Whole Colony		Total
							Male	Female	
A 59	200 - 203 205	<i>Brought forward.....</i> Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	6,284	6,523	581	2,409	2,636	1,852	4,488
A 60	210 - 239	Benign neoplasms and neoplasms of unspecified nature.....	19	23	4	3	10	5	15
A 61	250, 251	Nontoxic goiter	675	276	4	2	6	3	9
A 62	252	Tyrototoxicosis with or without goiter	84	12	—	—	—	—	—
A 63	260	Diabetes mellitus	173	22	—	3	—	4	4
A 64 (a)	280	Beriberi	70	46	—	8	15	11	26
(b)	281	Pellagra	6	140	—	18	18	17	35
(c)	282	Scurvy	—	—	—	—	—	—	—
(d)	283 - 286	Other deficiency states	40	265	2	33	37	15	52
A 65 (a)	290	Pernicious and other hyperchromic anaemias	—	—	—	—	1	1	2
(b)	291	Iron deficiency anaemias (hypochromic)	13	4	—	—	2	—	2
(c)	292, 293	Other specified and unspecified anaemias	71	223	10	7	10	11	21
A 66 (a)	241	Asthma	66	330	2	19	33	20	53
(b)	240	All other allergic disorders, endocrine, metabolic and blood diseases.	236	60	11	7	12	16	28
	242 - 245 253, 254 270 - 277 287 - 289 294 - 299								
		<i>Carried forward.....</i>	7,737	7,924	614	2,509	2,780	1,955	4,735

APPENDIX 5—Continued

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1954		Deaths 1954		Deaths 1954		
			Gov- ern- ment Hospitals	Gov- ern- ment Assisted Hospitals	Gov- ern- ment Hospitals	Gov- ern- ment Assisted Hospitals	Male	Female	Sex Un- known
		<i>Brought forward.....</i>	7,737	7,924	614	2,509	2,780	1,955	—
A 67	300 - 309	Psychoses.....	926	—	17*	—	1	2	—
A 68	310 - 324	Psychoneuroses and disorders of personality	237	54	—	—	—	—	—
A 69	325	Mental deficiency	66	1	1†	—	—	—	—
A 70	330 - 334	Vascular lesions affecting central nervous system	161	471	120	295	338	234	—
A 71	340	Nonmeningococcal meningitis	26	11	11	6	13	14	—
A 72	345	Multiple sclerosis	—	—	—	—	1	—	—
A 73	353	Epilepsy	77	28	2@	4	4	1	—
A 74	370 - 379	Inflammatory diseases of eye	48	7	—	—	—	—	—
A 75	385	Cataract	146	113	—	—	—	—	—
A 76	387	Glaucoma.....	48	19	—	—	—	—	—
A 77	390	Otitis externa	5	1	—	—	—	—	—
(a)	391 - 393	Otitis media and mastoiditis	54	21	—	5	2	4	—
(b)	394	Other inflammatory diseases of ear	9	2	—	—	—	—	—
(c)	380 - 384	All other disease and Conditions	65	71	—	—	—	—	—
A 78	386, 388 389	of eye	—	—	—	—	—	—	—
		<i>Carried forward.....</i>	9,505	8,723	765	2,819	3,139	2,210	—
									5,349

* Among these, 1 died of A1—Tuberculosis of respiratory system. † died of A16(c)—Other unspecified forms of dysentery.

3 died of A64(a)—Beriberi. @ Among these, 1 died of A70—Vascular lesions affecting central nervous system.

1 died of A65(b)—Iron deficiency anaemias (hypochromic). 3 died of A70—Vascular lesions affecting central nervous system.

3 died of A78(b)—All other diseases of the nervous system & sense organs. 1 died of A81—Arteriosclerotic & degenerative heart disease.

1 died of A82—Other diseases of heart. 1 died of A91—Primary atypical, other & unspecified pneumonia.

1 died of A104(c)—Chronic enteritis and ulcerative colitis.

1 died of A109—Chronic, other and unspecified nephritis.

1 died of AN150—All other and unspecified effects of external causes.

APPENDIX 5—Continued

Inter-mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1954		Deaths 1954		Deaths 1954			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony			Total
							Male	Female	Sex Unknown	
(b)	341 - 344	Brought forward.....	9,605	8,723	765	2,819	3,139	2,210	—	5,349
	350 - 352	All other diseases of the nervous system and sense organs	145	102	17	7	31	16	—	47
	354 - 357									
	360 - 369									
	395 - 398									
A 79	400 - 402	Rheumatic fever.....	20	2	1	1	6	2	—	8
A 80	410 - 416	Chronic rheumatic heart disease...	161	492	21	179	153	162	—	315
A 81	420 - 422	Arteriosclerotic and egenerative heart disease	27	431	16	131	319	254	—	573
A 82	430 - 434	Other diseases of heart.....	114	449	25	29	63	43	—	106
A 83	440 - 443	Hypertension with heart diseases..	133	206	20	20	95	63	—	158
A 84	444 - 447	Hypertension without mention of heart	23	92	7	12	45	27	—	72
A 85	450 - 456	Diseases of arteries	77	42	10	8	65	49	—	114
A 86	460 - 468	Other diseases of circulatory system	224	553	5	—	2	3	—	5
A 87	470 - 475	Acute upper respiratory infections	465	306	1	—	1	5	—	6
A 88	480 - 483	Influenza	88	241	1	—	17	13	—	30
A 89	490	Lobar Pneumonia	121	757	12	141	351	172	—	523
A 90	491	Bronchopneumonia.....	386	3,832	175	1,804	1,637	1,630	—	3,267
A 91	492, 493	Primary atypical, other and unspecified pneumonia	65	495	11	36	18	29	—	47
A 92	500	Acute bronchitis.....	199	192	4	4	132	118	—	250
A 93	501, 502	Bronchitis, chronic and unqualified	38	433	1	28	67	72	—	139
A 94	510	Hypertrophy of tonsils and adenoids	331	32	—	—	—	—	—	—
A 95	518, 521	Empyema and abscess of lung ...	43	45	3	3	12	9	—	21
		Carried forward.....	12,265	17,425	1,095	5,222	6,153	4,877	—	11,030

APPENDIX 5—Continued

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1954		Deaths 1954		Deaths 1954		
			Gov- ern- ment Hospitals	Gov- ern- ment Assisted Hospitals	Gov- ern- ment Hospitals	Gov- ern- ment Assisted Hospitals	Male	Female	Sex Un- known
A 96	519	<i>Brought forward</i>	12,265	17,425	1,095	5,222	6,153	4,877	—
A 97 (a)	523	Pleurisy	43	119	3	3	34	27	—
A 97 (b)	511 - 517	Pneumoconiosis	—	—	—	—	—	—	—
	520 - 522	All other respiratory diseases	326	157	19	11	56	46	—
	524 - 527								102
A 98 (a)	530	Dental Caries	13	—	—	—	—	—	—
A 98 (b)	531 - 535	All other diseases of teeth and supporting structures.....	124	12	1	—	2	1	—
A 99	540	Ulcer of Stomach	219	568	11	76	93	26	—
A 100	541	Ulcer of duodenum	353	75	17	6	30	9	—
A 101	543	Gastritis and duodenitis	51	398	—	—	1	1	—
A 102	550 - 553	Appendicitis	674	388	5	6	10	10	—
A 103	560, 561, 570	Intestinal obstruction and hernia.	463	210	20	20	43	18	—
A 104 (a)	571.0	Gastro-enteritis and colitis, between 4 weeks and 2 years....	347	920	73	1,215	1,092	1,131	—
(b)	571.1	Gastro-enteritis and colitis, ages 2 years and over	250	2,545	19	411	243	187	—
(c)	572	Chronic enteritis and ulcerative colitis	6	118	—	19	26	11	—
A 105	581	Cirrhosis of liver	121	267	30	105	154	53	—
A 106	584 - 585	Cholelithiasis and cholecystitis.....	150	98	7	16	25	11	—
A 107	536 - 539 542, 544 545	Other diseases of digestive system	584	677	57	44	99	48	—
	573 - 580								
	582 - 583								
	586, 587								
		<i>Carried forward</i>	15,989	23,977	1,357	7,154	8,061	6,456	—
									14,517

APPENDIX 5—Continued

Inter-mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1954		Deaths 1954		Deaths 1954			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony			Total
							Male	Female	Sex Unknown	
A 108	590	<i>Brought forward</i>	15,989	23,977	1,357	7,154	8,061	6,456	—	14,517
A 109	591 - 594	Acute nephritis	52	118	1	17	32	16	—	48
		Chronic, other and unspecified nephritis	115	637	22	130	173	143	—	316
A 110	600	Infections of kidney	24	17	2	2	4	5	—	9
A 111	602, 604	Calculi of urinary system.....	172	71	1	—	3	1	—	4
A 112	610	Hyperplasia of prostate	10	4	2	1	4	—	—	4
A 113	620, 621	Diseases of breast	44	9	—	—	—	—	—	—
A 114		Hydrocele	41	45	—	—	—	—	—	—
(a)	613	Disorders of menstruation ..	123	92	—	—	—	—	—	—
(b)	634	All other diseases of the genito-urinary system	780	1,232	2	2	5	2	—	7
(c)	601, 603									
	605 - 609									
	611, 612									
	614 - 617									
	622 - 633									
	635 - 637									
A 115	640 - 641, 681, 682, 684	Sepsis of pregnancy, child-birth and the puerperium	19	8	2	3	—	5	—	5
A 116	642, 652	Toxaemias of pregnancy and the puerperium	514	156	9	23	—	43	—	43
A 117	685, 686	Haemorrhage of pregnancy and childbirth.....	294	242	7	19	—	29	—	29
A 118	643, 644	Abortion without mention of sepsis of toxæmia.....	402	1,615	—	—	—	3	—	3
A 119	670 - 672	Abortion with sepsis	—	48	—	—	—	—	—	—
	650									
	651									
		<i>Carried forward</i>	18,579	28,271	1,405	7,351	8,282	6,703	—	14,985

APPENDIX 5—Continued

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1954		Deaths 1954		Deaths 1954		
			Govern- ment Hospitals	Govern- ment Assisted Hospitals	Govern- ment Hospitals	Govern- ment Assisted Hospitals	Male	Female	Sex Un- known
A 120 (a)	645 - 649	<i>Brought forward.....</i> Other complications of pregnancy, childbirth and the puerperium ...	18,579	28,271	1,405	7,351	8,282	6,703	—
	673 - 680		3,433	2,007	8	15	—	25	—
	683								14,985
A 121	687 - 689	Delivery without complication..... Infections of skin and subcutaneous tissue	11,372	24,206	—	—	—	—	—
	660		412	508	3	9	9	7	—
	690 - 698		72	248	—	3	2	3	—
A 122	720 - 725	Arthritis and spondylitis	7	76	—	—	—	—	—
A 123	726, 727	Muscular rheumatism and rheumatism, unspecified	56	80	—	3	4	1	—
A 124	730	Osteomyelitis and periostitis	31	6	—	—	—	—	—
A 125	737	Ankylosis and acquired musculoskeletal deformities	32	202	—	—	—	—	—
A 126 (a)	745 - 749	Chronic ulcer of skin (including tropical ulcer)	323	228	3	—	1	2	—
	715								3
	700 - 714								—
(b)	716	All other diseases of skin.....							—
(c)	731 - 736	All other diseases of musculoskeletal system	128	36	—	1	2	—	—
	738 - 744		5	4	1	2	2	1	—
	751		30	27	8	8	17	7	—
A 127	754	Congenital malformations of circulatory system	152	80	23	24	30	27	—
A 128		All other congenital malformations							24
A 129	750, 752 753								57
A 130	755 - 759	Birth injuries	38	1	19	1	16	4	—
	760, 761		174	90	16	64	78	84	—
	762								20
A 131		Postnatal asphyxia and atelectasis							162
		<i>Carried forward.....</i>	34,844	56,070	1,486	7,481	8,443	6,864	—
									15,307

APPENDIX 5—Continued

Inter-mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1954		Deaths 1954		Deaths 1954		
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony		
							Male	Female	Sex Un-known Total
A 132 (a)	764	Brought forward.....	34,844	56,070	1,486	7,481	8,443	6,864	15,307
		Diarrhoea of newborn							
(b)	765	(under 4 weeks)	35	196	3	160	103	85	188
(c)	763, 766-768	Ophthalmia neonatorum.....	7	—	—	—	—	—	—
A 133	770	Other infections of newborn	34	247	14	159	159	108	267
A 134	769, 771, 772	Haemolytic disease of newborn ...	13	11	7	8	39	21	60
		All other defined diseases of early infancy.....	199	77	59	46	87	101	188
A 135	773 - 776	Ill-defined diseases peculiar to early infancy	468	565	121	493	502	419	921
A 136	794	Senility without mention of Psychosis	—	295	—	142	105	191	296
A 137 (a)	788.8	Pyrexia of unknown origin	63	381	—	—	—	—	—
(b)	793	Observation, without need for further medical care	238	835	—	—	—	—	—
(c)	780 - 787	All other ill-defined causes of morbidity.....	238	144	12	15	597	556	1,159
	788.1-788.7								
	788.9								
	789 - 792								
	795								
		Total.....	36,139	58,821	1,702	8,504	10,035	8,345	18,386

APPENDIX 5—Continued

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1954		Deaths 1954		Deaths 1954		
			Govern- ment Hospitals	Govern- ment Assisted Hospitals	Govern- ment Hospitals	Govern- ment Assisted Hospitals	Whole Colony		
							Male	Female	Sex Un- known
AE 138	E810 - E835	<i>Brought forward.....</i>	36,139	58,821	1,702	8,504	10,035	8,345	6
AE 139	E800 - E802	Motor Vehicle Accidents	869	—	52	—	67	36	—
	E840 - E866	Other transport accidents.....	256	—	12	—	25	15	—
AE 140	E870 - E895	Accidental poisoning	144	4	5	—	7	2	—
AE 141	E900 - E904	Accidental falls	938	39	72	2	84	31	—
AE 142	E912	Accident caused by Machinery ...	99	11	—	—	2	—	—
AE 143	E916	Accident caused by fire and explosion of combustible material	123	—	19	—	27	35	—
AE 144	E917, E918	Accident caused by hot substance, corrosive liquid, steam and radiation	174	28	25	—	15	12	—
AE 145	E919	Accident Caused by firearms	5	—	1	—	2	—	—
AE 146	E929	Accidental drowning and submersion	35	—	3	—	78	39	—
AE 147									117
(a) E920		Foreign body entering eye and adnexa	8	—	—	—	—	—	—
(b) E923		Foreign body entering other orifice	121	6	1	—	1	—	—
(c) E927		Accidents caused by bites and stings of venomous animals and insects	14	2	—	—	1	—	—
		<i>Carried forward.....</i>	38,925	58,911	1,892	8,506	10,344	8,515	6
									18,865

APPENDIX 5—Continued

Inter mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1954		Deaths 1954		Deaths 1954			
			Govern- ment Hospitals	Govern- ment Assisted Hospitals	Govern- ment Hospitals	Govern- ment Assisted Hospitals	Whole Colony			Total
							Male	Female	Sex Un- known	
(d)	E928	Brought forward.....	38,925	58,911	1,892	8,506	10,344	8,515	6	18,865
(e)	E910, E911, E913-E915, E921-E922, E924-E926, E930-E965	Other accidents caused by animals	9	6	—	—	—	—	—	—
		All other accidental causes	433	44	23	—	59	14	—	73
AE 148	E970 - E979	Suicide and self-inflicted injury ...	378	—	66	—	183	119	—	302
AE 149	E980 - E985	Homicide and injury purposely inflicted by other persons (not in war)	280	—	15	—	31	12	—	43
AE 150	E990 - E999	Injury resulting from operations of war	—	—	—	—	—	—	—	—
		GRAND TOTAL.....	40,025	58,961	1,996	8,506	10,617	8,660	6	19,283

APPENDIX 5—Continued

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1954		Deaths 1954		Deaths 1954			
			Govern- ment Hospitals	Govern- ment Assisted Hospitals	Govern- ment Hospitals	Govern- ment Assisted Hospitals	Male	Female	Sex Un- known	Total
AN 138	N800 - N804	Fracture of skull	373	1	85	—	66	26	—	92
AN 139	N805 - N809	Fracture of spine and trunk	217	6	25	2	27	9	—	36
AN 140	N810 - N829	Fracture of limbs	746	19	10	—	10	3	—	13
AN 141	N830 - N839	Dislocation without fracture	155	2	1	—	1	—	—	1
AN 142	N840 - N848	Sprains and strains of joints and adjacent muscle	63	6	—	—	—	—	—	—
AN 143	N850 - N856	Head injury (excluding fracture) ..	666	7	49	—	87	41	—	128
AN 144	N860 - N869	Internal injury of chest, abdomen and pelvis	80	1	25	—	87	32	—	119
AN 145	N870 - N908	Laceration and open wounds	472	47	9	—	15	10	—	25
AN 146	N910 - N929	Superficial injury, contusion and crushing with intact skin surface	198	11	1	—	1	—	—	1
AN 147	N930 - N936	Effects of foreign body entering through orifice	84	6	1	—	3	1	—	4
AN 148	N940 - N949	Burns	319	28	37	—	34	42	—	76
AN 149	N960 - N979	Effects of poisons	454	4	35	—	59	34	—	93
AN 150	N950 - N959	All other and unspecified effects of external causes	59	2	16	—	192	117	—	309
			3,886	140	294	2	582	315	—	897
		TOTAL.....								

APPENDIX 6

Attendances at Public Dispensaries — 1954

Public Dispensaries	Out-Patients				Deliveries		Vaccina- tions	Inocula- tions
	Children		Adults		In-pat- ients	Dom- iciliary		
	New Cases	Total Atten- dances	New Cases	Total Atten- dances				
Central	22,463	35,667	10,257	21,575	—	—	4,294	8,268
Eastern	16,591	20,636	10,877	20,125	—	—	12,417	1,595
Shaukiwan	32,660	40,522	15,345	27,682	—	583	6,180	4,733
Aberdeen	10,340	11,915	5,743	9,321	—	485	2,770	2,549
Shamshuipo	—	—	41,747	102,862	—	559	13,491	—
Yaumati	11,731	16,915	9,111	21,498	—	257	7,218	7,266
Hung Hom	16,180	17,234	10,203	12,656	—	—	3,688	4,573
Stanley	1,947	2,389	2,699	6,217	283	6	1,497	1,154
Li Kee Memorial...	41,299	45,723	21,124	32,154	—	1,156	15,066	19,308
Mongkok	36,959	43,351	24,264	33,929	—	—	—	—
Total.....	190,170	234,352	151,370	288,019	283	3,046	666,21	49,446

APPENDIX 7

Out-patients—1954

Total Attendances at Government and Government Assisted Hospitals, Clinics and Dispensaries.

INSTITUTIONS	Dres- sings	General Out- patients	Chil- dren's Clinics	Ante- Natal	Post- Natal	Gynaeco- logical	Social Hygiene	Eye	Ear, Nose & Throat	Tuber- culosis	Mental	Total
Hospitals:												
Queen Mary	7,873	11,073	—	3,036	306	4,751	—	217	284	202	—	27,742
Kowloon	255,921	198,830	3,534	15,854	227	2,796	—	16,651	5,590	—	—	499,403
Tsai Yuk	15,425	—	12,719	24,329	875	—	—	—	—	—	—	53,348
St. John	10,765	19,631	16,009	344	—	167	—	2,108	—	—	—	49,024
Stanley Prison	8,485	24,987	—	—	—	—	3,310	—	—	2,723	—	39,505
L. C. K. Female Prison...	—	5,701	—	—	—	—	—	—	—	—	—	5,701
Mental	—	—	—	—	—	—	—	—	—	—	1,656	1,656
Clinics and Dispensaries:												
Sai Ying Pun	43,303	109,565	78,099	4,506	111	4,514	—	(a) 2,836 (b) 9,647	1,961	—	—	254,542
Violet Peel	109,839	93,410	73,692	—	—	—	—	7,855 *1,182	2,453	—	—	287,249
Wanchai Chest Clinic	—	—	—	—	—	—	—	—	—	115,758	—	115,758
Kowloon Chest Clinic	—	—	—	—	—	—	—	—	—	102,666	—	102,666
Social Hygiene	—	—	—	—	—	—	223,031	—	—	—	—	223,031
10 Public Dispensaries	81,597	187,082	234,352	10,616	—	7,758	—	129	480	357	—	522,371
14 New Territories Disps. ...	63,669	137,380	2,531	8,600	—	—	5,453	6,918	666	4,947	—	230,164
Families Clinic	—	7,797	—	—	—	—	—	—	—	—	—	7,797
Police Medical Post	3,068	8,000	10,531	289	—	183	70	596	959	47	—	23,743
Kow. Police Med. Post ...	1,373	8,053	18,906	327	8	934	80	1,472	1,468	238	—	32,859
Victoria Remand Prison...	1,307	23,459	—	—	—	—	601	470	742	268	—	26,847
Port Health	—	1,573	—	—	—	—	—	—	—	—	—	1,573
K. C. R. Clinic	160	1,196	939	—	—	—	—	—	—	—	—	2,295
Health Centres:												
Western	—	—	—	2,081	401	—	—	—	—	—	—	2,482
Kowloon	—	—	—	3,569	449	—	—	—	—	—	—	4,018
Harcourt	—	—	—	2,403	456	—	—	—	—	—	—	2,859
Total of Government Institutions	602,785	837,737	451,312	75,954	2,833	21,103	232,545	50,081	14,603	227,206	1,656	2,517,815
Tung Wah Group of Hosps. Alice Ho Miu Ling Nethersole Hospital	30,468	167,138	90,336	14,238	—	4,130	—	32,737	—	14,710	—	353,757
Ruttonjee Sanatorium	2,432	26,943	6,528	7,914	1,095	10,367	—	—	—	—	—	55,279
Pok Oi Hospital	—	—	—	—	—	—	—	—	—	5,518	—	5,518
GRAND TOTAL	635,685	1,080,556	548,176	100,409	5,950	35,600	232,545	82,818	14,603	247,434	1,656	2,985,432

(a) Patients seen in Government Eye Clinics. (b) Patients seen in Hongkong University Eye Clinics.

* Government Servants & dependants seen by Government Ophthalmologist.

APPENDIX 8

New Cases at Government and Government Assisted Hospitals, Clinics and Dispensaries.
 Out-patients—1954

INSTITUTIONS	Dressings	General Out-patients	Children's Clinics	Ante-Natal	Post-Natal	Gynaecological	Social Hygiene	Eye	Ear, Nose & Throat	Tuberculosis	Mental	Total
Hospitals:												
Queen Mary	7,873	9,683	—	427	—	262	—	217	284	202	—	18,948
Kowloon.....	255,921	166,600	3,534	2,973	227	1,316	—	8,611	2,139	—	—	441,321
Tsan Yuk	4,810	—	4,820	7,456	430	—	—	—	—	—	—	17,516
St. John.....	4,483	12,060	12,044	193	—	90	—	1,208	—	—	—	30,078
Stanley Prison	3,709	14,374	—	—	—	—	1,038	—	—	822	—	19,943
L. C. K. Female Prison.....	—	5,701	—	—	—	—	—	—	—	—	—	5,701
Mental	—	—	—	—	—	—	—	—	—	—	468	468
Clinics and Dispensaries:												
Sai Ying Pun	5,642	73,175	59,788	1,513	110	1,933	—	(a) 1,569 (b) 2,485	565	—	—	146,780
Violet Peel.....	65,533	63,595	51,785	—	—	—	—	4,025 * 422	780	—	—	185,718
Wanchai Chest Clinic	—	—	—	—	—	—	—	—	—	18,881	—	18,881
Kowloon Chest Clinic.....	—	—	—	—	—	—	—	—	—	17,065	—	17,065
Social Hygiene	—	—	—	—	—	—	36,652	—	—	—	—	36,652
10 Public Dispensaries ...	35,275	106,434	190,170	5,500	—	3,616	—	109	403	33	—	341,540
14 New Territories Disps....	15,282	85,560	1,085	3,669	—	—	948	3,371	646	790	—	111,351
Families Clinic	—	308	—	—	—	—	—	—	—	—	—	308
Police Medical Post.....	1,596	6,048	7,383	241	—	118	40	399	604	29	—	16,458
Kow. Police Med. Post ...	617	5,937	13,056	295	7	394	28	504	742	137	—	21,717
Victoria Remand Prison...	561	6,328	—	—	—	—	225	196	317	111	—	7,738
Port Health	—	1,231	—	—	—	—	—	—	—	—	—	1,231
K. C. R. Clinic	129	1,078	899	—	—	—	—	—	—	—	—	2,106
Health Centres:												
Western	—	—	—	307	342	—	—	—	—	—	—	649
Kowloon.....	—	—	—	576	166	—	—	—	—	—	—	742
Harcourt	—	—	—	560	331	—	—	—	—	—	—	891
Total of Government Institutions	401,431	55,812	344,564	23,710	1,613	7,729	38,931	23,116	6,480	38,070	468	1,444,224
Tung Wah Group of Hosps.	12,175	82,104	39,720	12,821	—	2,548	—	13,012	—	2,603	—	164,983
Alice Ho Miu Ling	—	6,219	1,395	2,394	1,095	5,012	—	—	—	—	—	16,115
Nethersole Hospital	—	32,194	—	1,008	718	—	—	—	—	—	—	33,920
Po Oi Hospital.....	—	—	—	—	—	—	—	—	—	—	—	—
GRAND TOTAL.....	413,606	678,629	385,679	39,933	3,426	15,289	38,931	36,128	6,480	40,673	468	1,659,242

(a) Patients seen in Government Eye Clinics. (b) Patients seen in Hongkong University Eye Clinics.
 * Government Servants and dependants seen by Government Ophthalmologist.

APPENDIX 9

Attendances at Medical Centres — New Territories — 1954

Dispensaries	Out-patients		Deliveries	
	New Cases	Total Attendances	In-patients	Domiciliary
Tai Po	28,205	49,445	938	5
Ho Tung	1,370	3,547	482	63
Shataukok.....	3,001	6,052	203	29
Un Long	20,156	40,329	1,099	20
San Hui	2,448	5,582	378	68
Sai Kung	5,643	10,168	202	44
Shatin	3,300	7,362	230	8
Tai O	12,646	45,283	361	1
Silver Mine Bay	2,158	5,896	61	4
Ping Chau	2,766	3,950	—	—
Travelling (East).....	9,182	12,609	—	—
Travelling (West)	3,774	9,175	—	—
Maurine Grantham H. C.	14,230	25,004	659	7
Tai Lam Chung	2,472	5,762	—	—
Total.....	111,351	230,164	4,613	249

APPENDIX 10

A Summary of the work done at the Hong Kong and Kowloon Public Mortuaries, 1954

Total No. of Post-mortem Examinations performed during the year	4,147
No. of male bodies examined	2,444
No. of female bodies examined	1,696
Sex unknown owing to decomposition	7
No. of claimed bodies sent from hospital, etc.	1,182
No. of unclaimed bodies, mostly abandoned	2,965
No. of bodies cremated	683
No. of Chinese bodies examined	4,133
No. of Non-Chinese bodies examined	14
No. of Medico-Legal Cases	579

	<i>Male</i>	<i>Female</i>	<i>Total</i>
No. of bodies under 2 years of age	1,055	956	2,011
No. of bodies over 2 years of age	1,389	740	2,129

No. of bodies received from the following sources:—

(Hong Kong)

Victoria District	473
Shaukiwan District	133
Infant Hospitals	46
Other Hospitals	164
Marine Police	20
	<hr style="width: 100px; margin: 0;"/>
	836
	<hr style="width: 100px; margin: 0;"/>

(Kowloon and New Territories)

Water	Police	Station	.....	103
T. Land	,,	,,	.....	12
Yaumati	,,	,,	.....	80
Mongkok	,,	,,	.....	54
Shamshuipo	,,	,,	.....	447
Kowloon City	,,	,,	.....	373
Hung Hom	,,	,,	.....	83
Tsun Wan	,,	,,	.....	46
Castle Peak	,,	,,	.....	14
Pingshan	,,	,,	.....	28
Lok Ma Chau	,,	,,	.....	11
Pat Heung	,,	,,	.....	7
Sheungshui	,,	,,	.....	28
Takuling	,,	,,	.....	2
Shataukok	,,	,,	.....	7
Tai Po	,,	,,	.....	40
Shatin	,,	,,	.....	11
Sai Kung	,,	,,	.....	7
Tai O	,,	,,	.....	6
Cheung Chau	,,	,,	.....	7
H. O. (K)	,,	,,	.....	1
Li Kee Memorial Disp.			.....	1
Hospitals, etc.			.....	1,943
				<hr/>
				3,311
				<hr/>

No. of rats caught and brought to mortuaries	238,484
No. of rats examined	238,484
No. of rats' spleen smears taken for examination	16,463
No. of rats infected with plague	Nil.

